Case 16-00935 Doc 1

Filed 01/13/16 Document Entered 01/13/16 13:56:51 PesoMain
Page 1 of 56 UNITED STATES BANKRUPTCY COURT

Fill in this information to identify your case:		MALLINEIA PIGLUAL OF ITTINOIS
United States Bankruptcy Court for the:		JAN 13 2016
Northern District of Illinois		JEFFREY P. ALLSTEADT, CLERK
Case number (If known):	Chapter you are filing under: Chapter 7 Chapter 11	PS REP CA
	Chapter 12 Chapter 13	☐ Check if this is ar amended filing
	· · · · · · · · · · · · · · · · · · ·	anencec ming

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

P	itids identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture	REGINALD	
ide	identification (for example, your driver's license or	First name	First name
	passport).	Middle name	Middle name
	Bring your picture	THOMPSON	
	identification to your meeting with the trustee.	Last name	Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8	THE ESTABLISH OF THE	First name UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS
	years	First name	First name NORTHERN DISTRICT OF ILLINOIS
	Include your married or maiden names.	Middle name	Middle name JAN 1 3 2016
		Last name	Last faine
		First name	First name JEPFREY P. ALLSTEAUT, CLERK PO REP CA
		Middle name	Middle name
		Last name	Last name
Selection	BBBBBBBBAY Newbyr GBBBAARARA Rhydd y hyglad y derwir bhlosopia pasparta All Baata Atastrotto theorem	hardende des secues de mande descende al les plas des plas des plas de consequences de mande de la consequenció de consequences de la consequenció	eri konsta eta kaitat akonsta katalapan kan kanan pari matalahan makatahah manan mengana menganah kanan pengang Kanan
3.	Only the last 4 digits of your Social Security	xxx - xx - <u>9</u> <u>9</u> <u>2</u> <u>5</u>	xxx - xx
	number or federal	OR	OR
	Individual Taxpayer Identification number (ITIN)	9 xx - xx	9 xx - xx

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Debtor 1 REGINALD First Name Middle			Case number (# known)			
erent di esti semininta de l'estament di estate de l'estate de l'estate de l'estate de l'estate de l'estate de	About Debtor 1:		About Debtor 2 (Spouse O	nly in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in	☑ I have not used any but	siness names or EINs.	☐ I have not used any busi	ness names or EINs.		
the last 8 years	Business name		Business name			
Include trade names and doing business as names	H					
-	Business name		Business name			
	EIN	Market Market Control	EIN			
	EIN	American services	EIN	TOTAL VALUE SEASON		
5. Where you live	e Paris de Paris de Mariem et Coulen Mariem (44 de Prépare de Lander) en eur antique de la company de la compa	the Mark September (1995) and the September (1	If Debtor 2 lives at a different	ent address:		
	8316 S MANISTEE					
	Number Street		Number Street	***************************************		
	CHICACO	II COCA2	The state of the s			
	CHICAGO City	IL 60643 State ZIP Code	City	State ZIP Code		
	СООК					
	County	W-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	County			
	If your mailing address is above, fill it in here. Note the any notices to you at this ma	hat the court will send	If Debtor 2's mailing addres yours, fill it in here. Note the any notices to this mailing ad	at the court will send		
	Number Street		Number Street			
	P.O. Box		P.O. Box			
	City	State ZIP Code	City	State ZiP Code		
s. Why you are choosing	Check one:	metro metro com entre mango e comercia e estado e entre transferio de la metro de entre entre entre entre entr	Check one:	e effective en		
this district to file for bankruptcy	Over the last 180 days b I have lived in this distric other district.	t longer than in any	Over the last 180 days be I have lived in this district other district.	fore filing this petition, longer than in any		
	I have another reason. E (See 28 U.S.C. § 1408.)		I have another reason. Ex (See 28 U.S.C. § 1408.)	plain.		
	P-7-00-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					

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D	ebtor 1 REGINALD I	HOMP	SON		-	Case number (#1	(nown)		
	Legi Mattie Million M	the	Last Hair	ie					
P	art 23 Tell the Court Abo	ut Your i	Bankru	ptcy Case					
7.	The chapter of the Bankruptcy Code you	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	are choosing to file under	☑ Chapter 7							
		☐ Chapter 11							
		☐ Chapter 12							
		🗖 Cha	pter 13	i					
8.	How you will pay the fee	loca you sub with I ne App I red By li less pay	al court reelf, you mitting a pre-ped to ped	for more details about may pay with case your payment on your printed address. ay the fee in instate for Individuals to Printed may, but is not 50% of the official printed address.	but how you not have cashier's cour behalf, you liments. If you liments are filling the filling tred (You may trequired to, wooverty line the you choose the	nay pay. Typical check, or money ur attorney may u choose this op Fee in Installme request this opt waive your fee, at applies to you mis option, you m	eck with the clerk's office in your ly, if you are paying the fee order. If your attorney is pay with a credit card or check of the control o		
9.	Have you filed for	☑ No							
	bankruptcy within the last 8 years?	Yes.	District		When		Case number		
	•		Dietriet			MM / DD / YYYY			
			District	***************************************			Case number		
			District		When	MM / DD / YYYY	Case number		

10.	Are any bankruptcy	₩ No							
	cases pending or being filed by a spouse who is	Yes.	Debtor			······································	Relationship to you		
not filing this case with you, or by a business partner, or by an affiliate?			District	## - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	When	MM / DD / YYYY	Case number, if known		
			Debtor	waste			Relationship to you		
			District		When	MA (DD 1)0004	Case number, if known		
						MM / DD / YYYY			
	Do you rent your residence?	No. Yes.	Go to li Has you	ur landlord obtained a	n eviction judgi	ment against you a	and do you want to stay in your		
				Go to line 12.					
				. Fill out <i>Initial Staten</i> bankruptcy petition.	nent About an E	Eviction Judgment	Against You (Form 101A) and file it with		

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Debtor 1 REGINALD T	HOME	PSON Last Name		Case n	umber (# known)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Part 3: Report About Any	Busines	ses You Own as a S	ole Proprie	etor		····	
12. Are you a sole proprietor of any full- or part-time business?		Go to Part 4. Name and location of b	uninas -				
A sole proprietorship is a	u res	. Name and location of p	usiness				
business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or		Name of business, if any					
LLC. If you have more than one		number Street					
sole proprietorship, use a separate sheet and attach it							777777777777777777777777777777777777777
to this petition.		City	· · · · · · · · · · · · · · · · · · ·	The state of the s	State	ZIP Code	· · · · · · · · · · · · · · · · · · ·
		Check the appropriate i	box to descri	be your business:			
		☐ Health Care Busine	ss (as define	ed in 11 U.S.C. § 1	01(27A))		
		☐ Single Asset Real E	state (as de	fined in 11 U.S.C.	§ 101(51B))		
		Stockbroker (as def					
		Commodity Broker	(as defined in	n 11 U.S.C. § 101(6))		
		None of the above				4	
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).						
For a definition of small	☑ No.	I am not filing under Cha	apter 11.				
business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapte the Bankruptcy Code.	er 11, but i ar	n NOT a small bus	iness debtor	according to	the definition in
	Yes.	s. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.					
Part 4: Report if You Own o	or Have	Any Hazardous Prop	erty or An	y Property Tha	t Needs Im	mediate A	Attention
14. Do you own or have any	Ø No						
property that poses or is alleged to pose a threat	🔲 Yes.	What is the hazard?				· · · · · · · · · · · · · · · · · · ·	
of imminent and identifiable hazard to							
public health or safety?							
Or do you own any property that needs							
immediate attention?	If immediate attention is needed, why is it needed?						
For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?				· · · · · · · · · · · · · · · · · · ·			
		Where is the property?	Number	Street			
			HUITION	Suce			

			City				770
			City			State	ZIP Code

Debtor 1

REGINALD THOMPSON
First Name Middle Name Last Name

Case number (if known)

		92		- 1
-	31.7	ŝ'n,	334	93
	•		ж.	77
a.a	а	ы.	ш.	4.1

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About	Debtor	4.
~~~~		1.

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 1	am	not	required	l to	receive	а	briefing	about
			unselin					

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before! filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before i filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

l certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary walver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

l am	not	required	to	receive	8	briefing	about
		unseling					

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-00935 Doc 1 Filed 01/13/16 Entered 01/13/16 08:55:51 Desc Main Document Page 6 of 56

De	ebtor 1 REGINALD T	HOMPSON THE Last Name	Case number (# k	nown				
P	art 6: Answer These Que	stions for Reporting Purpo	ses					
16	. What kind of debts do you have?	16a. Are your debts prima as "incurred by an individu	rily consumer debts? Consumer de	bts are defined in 11 U.S.C. § 101(8) usehold purpose."				
	you naver	No. Go to line 16b.  Yes. Go to line 17.						
		16b. Are your debts primar money for a business or in	rily business debts? Business debts	s are debts that you incurred to obtain business or investment.				
		No. Go to line 16c. Yes. Go to line 17.						
		16c. State the type of debts you	u owe that are not consumer debts or bu	siness debts.				
17.	. Are you filing under Chapter 7?	☐ No. I am not filing under Cl	hapter 7. Go to line 18.					
	Do you estimate that after any exempt property is							
	excluded and administrative expenses	□ No						
	are paid that funds will be available for distribution to unsecured creditors?	☐ Yes						
18.	How many creditors do you estimate that you	<b>☑</b> 1-49 <b>□</b> 50-99	1,000-5,000 5,001-10,000	25,001-50,000				
	owe?	100-199 200-999	10,001-25,000	50,001-100,000  More than 100,000				
19.	How much do you estimate your assets to	<b>□</b> \$0-\$50,000 <b>□</b> \$50,001-\$100,000	□ \$1,000,001-\$10 million	\$500,000,001-\$1 billion				
	be worth?	\$100,001-\$500,000	\$10,000,001-\$50 million \$50,000,001-\$100 million	\$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion				
		\$500,001-\$1 million	□ \$100,000,001-\$500 million	More than \$50 billion				
20.	How much do you estimate your liabilities	<b>2</b> \$0-\$50,000 <b>□</b> \$50,001-\$100,000	\$1,000,001-\$10 million \$10,000,001-\$50 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion				
	to be?	\$100,001-\$500,000	☐ \$50,000,001-\$100 million	<b>\$10,000,000,001-\$50 billion</b>				
). 2	rt7: Sign Below	\$500,001-\$1 million	☐ \$100,000,001-\$500 million	More than \$50 billion				
Fo	r you	I have examined this petition, ar correct.	nd I declare under penalty of perjury that	the information provided is true and				
		If I have chosen to file under Ch of title 11, United States Code. I under Chapter 7.	apter 7, I am aware that I may proceed, understand the relief available under ea	if eligible, under Chapter 7, 11,12, or 13 nch chapter, and I choose to proceed				
		If no attorney represents me and this document, I have obtained a	d I did not pay or agree to pay someone and read the notice required by 11 U.S.C	who is not an attorney to help me fill out C. § 342(b).				
			th the chapter of title 11, United States C	•				
		I understand making a false stat with a bankruptcy case can resu 18 U.S.C. §§ 152, 1341, 1519, a	Ilt in fines up to \$250,000, or imprisonme	money or property by fraud in connection ent for up to 20 years, or both.				
		* R. Thompson	<i>x</i>					
		Signature of Debtor 1	Signature	e of Debtor 2				
		Executed on 12/27/2015	Executed	ion				

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Debtor 1 REGINALD T First Name Middle Nar		Case number (# known)					
For your attorney, if you are represented by one if you are not represented by an attorney, you do not need to file this page.	I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.						
	Signature of Attorney for Debtor	Date	MM / DD /YYYY				
	Printed name						
	Printed name						
	Firm name		· · · · · · · · · · · · · · · · · · ·				
	Number Street						
			**************************************				
	City	State	ZIP Code				
	Contact phone	Email address					
	Bar number	State	<del></del>				
		Ciale					

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	Case number (# known)
Last Name	· · · · · · · · · · · · · · · · · · ·
	PSON Last Name

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had

successful, you must be familiar with the United State Bankruptcy Procedure, and the local rules of the court be familiar with any state exemption laws that apply.	s Bankruptcy Code, the Federal Rules of
Are you aware that filing for bankruptcy is a serious acconsequences?	ction with long-term financial and legal
□ No ☑ Yes	
Are you aware that bankruptcy fraud is a serious crime inaccurate or incomplete, you could be fined or imprise	
☐ No ☑ Yes	
Did you pay or agree to pay someone who is not an at  ☑ No ☐ Yes. Name of Person	
By signing here, I acknowledge that I understand the rehave read and understood this notice, and I am aware attorney may cause me to lose my rights or property if	that filing a bankruptcy case without an
The state of the s	ξ
Signature of Debtor	Signature of Debtor 2
Date <u>12/27/2015</u> MM / DD / YYYY	Date MM / DD / YYYY
Contact phone	Contact phone
Cell phone (773) 621-0843	Cell phone
Email address	Email address
errorrorrorrorrorrorrorrorrorrorrorrorro	Protest (gastest transfer of the contract of t

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Debtor 1	REGINALD THOMPSON			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States	Bankruptcy Court fo	r the: Northern District of I	Hinois	
wase nulfiller				

Check if this is an amended filing

12/15

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I	your original forms, you must fill out a new Summary and check the box at the top of this page.	•
Value of what you own  1. Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	Part 1: Summarize Your Assets	
1a. Copy line 55, Total real estate, from Schedule A/B		* * * * * * * * * * * * * * * * * * * *
1b. Copy line 62, Total personal property, from Schedule A/B	·	0.00
1c. Copy line 63, Total of all property on Schedule A/B \$ 1,000.00  Summarize Your Liabilities  Your liabilities  Amount you owe  2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D. \$ 0.00  3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F. \$ 0.00  3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F. \$ 18,519.00  Your total liabilities \$ 18,519.00  Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I. \$ 1,500.00	1a. Copy line 55, Total real estate, from Schedule A/B	. \$ <u>U.00</u>
Summarize Your Liabilities  Your liabilities  Amount you owe  2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	1b. Copy line 62, Total personal property, from Schedule A/B	s1,000.00
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	1c. Copy line 63, Total of all property on Schedule A/B	\$1,000.00
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	Part 2: Summarize Your Liabilities	
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D		
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.  4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I.  5. Schedule J: Your Expenses (Official Form 106J)		0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106F/F)	
Your total liabilities  \$ 18,519.00  Part 3: Summarize Your Income and Expenses  4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I		\$
Part 3: Summarize Your Income and Expenses  4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ s 18,519.00
4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	Your total liabilities	\$18,519.00
Copy your combined monthly income from line 12 of Schedule I	Part 3: Summarize Your Income and Expenses	
5. Schedule J: Your Expenses (Official Form 106J)	4. Schedule I: Your Income (Official Form 106I)	4.500.65
	Copy your combined monthly income from line 12 of Schedule I	\$1,500.00
Copy your monthly expenses from line 22c of Schedule J	5. Schedule J: Your Expenses (Official Form 106J)	4.000.57
	Copy your monthly expenses from line 22c of Schedule J	\$1,300.00

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Đ	ebtor 1	REGINALI First Name	THOMPSO		C	Case number (# kmown)			
	art 4:			Last Name s for Administrativ	e and Statistical Records				
6.	Are you	filing for ban	kruptcy under	Chapters 7, 11, or 13	?		•		
	No. Y	ou have nothi	ng to report on	this part of the form. C	heck this box and submit this fo	orm to the court with your oth	ner schedules.		
7.	What kin	d of debt do y	ou have?						
	2 Your family	debts are pri /, or household	marily consum I purpose." 11 l	ner debts. Consumer o J.S.C. § 101(8). Fill ou	debts are those "incurred by an t lines 8-9g for statistical purpor	individual primarily for a pers ses. 28 U.S.C. § 159.	sonal,		
	Your this fo	debts are not orm to the cour	t <b>primarily con</b> t with your othe	sumer debts. You haver schedules.	e nothing to report on this part	of the form. Check this box	and submit		
8.	From the Form 122	Statement of A-1 Line 11; C	F Your Current DR, Form 122B	Monthly Income: Cop Line 11; OR, Form 122	by your total current monthly inc 2C-1 Line 14.	come from Official	\$1,500.00		

Total claim

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$0.00

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Fill in this information to identify you	ur case and th	is filing:		
Debtor 1 REGINALD THOMP	SON			
First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing) First Name	Middle Name	Lest Name		
United States Bankruptcy Court for the: Nor	rthern District o	f Illinois		
Case number				
and the second s			Į	Check if this is ar
				amended filing
Official Form 106A/B				
Schodulo A/D. D	rosoul			
Schedule A/B: P	ropert	<u> </u>		12/15
responsible for supplying correct in write your name and case number (it Part 1: Describe Each Residen  1. Do you own or have any legal or each residen in the supplying t	formation. If m f known). Ansv ce, Building,	ete and accurate as possible. If two married peoplore space is needed, attach a separate sheet to deep wer every question.  Land, or Other Real Estate You Own or Harries in any residence, building, land, or similar pro	this form. On the top of	any additional pages,
☑ No. Go to Part 2.				
Yes. Where is the property?				
		What is the property? Check all that apply.	Do not deduct secured ci	
1.1.		☐ Single-family home Duplex or multi-unit building	the amount of any secure Creditors Who Have Clai	ed claims on Schedule D: ims Secured by Property.
Street address, if available, or other	er description	Condominium or cooperative	Current value of the	
		Manufactured or mobile home	entire property?	portion you own?
		- 🔲 Land	\$	\$
		Investment property  Timeshare	Describe the nature	of vour ownership
City Stat	le ZIP Code	Other	interest (such as fee the entireties, or a lif	simple, tenancy by
		Who has an interest in the property? Check one	) <u>.</u>	
		Debtor 1 only	***************************************	
County		Debtor 2 only	Chook if this is a	ommunity property
		Debtor 1 and Debtor 2 only  At least one of the debtors and another	(see instructions)	minumity property
		Other information you wish to add about this	item, such as local	
		property identification number:	, 00011 0001	
If you own or have more than one, lis	t here:			
		What is the property? Check all that apply.	Do not deduct secured cla	
1.2.		Single-family home Duplex or multi-unit building	the amount of any secure Creditors Who Have Clair	
Street address, if available, or other	r description	Condominium or cooperative	Current value of the	Current value of the
		☐ Manufactured or mobile home	entire property?	portion you own?
		Land	\$	\$
		Investment property	Describe the nature of	f vous our on his
City State	e ZIP Code	☐ Timeshare ☐ Other	Describe the nature of interest (such as fee:	simple, tenancy by
		Who has an interest in the property? Check one.	the entireties, or a life	estate), if known.
		Debtor 1 only	······································	· · · · · · · · · · · · · · · · · · ·
County		Debtor 2 only		
<u></u>		Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
		At least one of the debtors and another	(see instructions)	⊕ ∓ · · <del>∓</del> · · · · · · · · ·
		Other information you wish to add about this ite	m, such as local	

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Debtor 1	REGINALD THOMPSON First Name Middle Name Laet Name	Case number (#	known)	· · · · · · · · · · · · · · · · · · ·	
1.3.	Street address, if available, or other description	What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.  Current value of the entire property?  Current value of the portion you own?		
	City State ZIP Code	Land Investment property Timeshare Other	Describe the nature interest (such as fee the entireties, or a life	simple, tenancy by	
	County	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Other information you wish to add about this ite	Check if this is co (see instructions)	emmunity property	
		property identification number:			
2 Add to you h	he dollar value of the portion you own for al lave attached for Part 1. Write that number h	ll of your entries from Part 1, including any entries	s for pages →	\$	
you own t	that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles,	et in any vehicles, whether they are registered or report it on Schedule G: Executory Contracts and motorcycles	not? Include any vehicles and Unexpired Leases.	;	
3.1.	Make:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	claims on Schedule D:	
	Year: Approximate mileage: Other information:	Debtor 1 and Debtor 2 only  At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?	
	·	☐ Check if this is community property (see instructions)	\$	\$	
lf you	own or have more than one, describe here:				
	Make:  Model:  Year:  Approximate mileage:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Do not deduct secured claithe amount of any secured Creditors Who Have Claim  Current value of the entire property?	claims on Schedule D:	
(	Other information:	☐ Check if this is community property (see instructions)	\$	\$	

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REGINALD THOMPSON

Debtor 1

Case number (if known) First Name Middle Name Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? Approximate mileage: portion you own? At least one of the debtors and another Other information: Check if this is community property (see instructions) Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Debtor 1 and Debtor 2 only Current value of the entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ZI No Yes Who has an interest in the property? Check one. 4.1 Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. 42 Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another ☐ Check if this is community property (see instructions) 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

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Debtor 1

**REGINALD THOMPSON** 

	I I I CIVII	3011
First Name	Middle Name	Last Name

Case number (if known)

P	art 3:	Describe Your Personal and Household Items		
D	o you o	wn or have any legal or equitable interest in any of the following items?	Current value portion you of Do not deduct s or exemptions.	own?
6.	House	hold goods and furnishings		
		les: Major appliances, furniture, linens, china, kitchenware		
	☐ No			
	☑ Yes	s. Describe HOUSEGOODS	\$	500.00
7.	Electro	onics		
		les: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games		
	Mo No			
	<b>∟</b> Yes	s. Describe	\$	
_	A. H A		· · · · · · · · · · · · · · · · · · ·	
8.		ibles of value		
	∠ No	les: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles		
	Yes	. Describe	¢	
			Ψ	····
9.		ent for sports and hobbies		
	Example No.	es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments		
		. Describe		
		. 5000 150	\$	
10.	Firearm	s		
	Example	es: Pistols, rifles, shotguns, ammunition, and related equipment		
	<b>Z</b> No			
	Yes.	Describe	\$	
			Ψ	***************************************
	Clothes	The state of the s		
	<i>⊑xampi</i> e □ No	es: Everyday clothes, furs, leather coats, designer wear, shoes, accessories		
		Describe CLOTHING @ USED STORE VALUE		F00.00
		CLOTHING @ USED STORE VALUE	\$	500.00
17.	Jewelry			
	•	es: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver		
	2 No			
	TYes.	Describe	\$	
13.	Non-farr	n animals		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Example	s: Dogs, cats, birds, horses		
	2 No			
		Describe	•	
			\$	
		er personal and household items you did not already list, including any health aids you did not list		
	2 No Dyes	Give specific		
•		nation	\$	
- 1				
o. / f	vuu ine or Part :	dollar value of all of your entries from Part 3, including any entries for pages you have attached  3. Write that number here	\$	
•		5. Write that number here	L	

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Debtor 1

REGINALD THOMPSON

1	First Name	Middle Name	Last Name	 Case number (#known)
		modia riamo	Luar Harris	

Do you own or have an	y legal or equitable interest in	any of the following?		Current value portion you on Do not deduct se or exemptions.	vn?
16. Cash Examples: Money you	u have in your wallet, in your hol	ne, in a safe deposit box, and on hand when you file	e your petition		
□ No					
			Cash:	\$	17.00
17. Deposits of money  Examples: Checking, and other s	savings, or other financial accor similar institutions. If you have n	unts; certificates of deposit; shares in credit unions, utliple accounts with the same institution, list each.	brokerage houses,		
☐ Yes		Institution name;			
	17.1. Checking account:			\$	
	17.2. Checking account:			\$	n in the control of t
	17.3. Savings account:			\$	
	17.4. Savings account:				
	17.5. Certificates of deposit:		· · · · · · · · · · · · · · · · · · ·	\$ \$	
	17.6. Other financial account:			\$	
	17.7. Other financial account:			\$	
	17.8. Other financial account:			\$	
	17.9. Other financial account:			\$	
				T	····
	or publicly traded stocks investment accounts with broke	rage firms, money market accounts			
☐ Yes	Institution or issuer name:				
				\$	
				\$	
			···	\$	
19. Non-publicly traded si an LLC, partnership, a	tock and interests in incorpor	ated and unincorporated businesses, including	an interest in		
□ No	Name of entity:	DZ.	of ownership:		
Yes. Give specific		00	•	¢	
information about them		0.	· · · · · · · · · · · · · · · · · · ·	\$	
		0,		φ	

Case 10	00935 DUCT F	Document	Page 16 of	56	Desc Main
	ALD THOMPSON			Case number (if known)	
First Name	Middle Name Last Na	me	-	,	
20. Government and c	orporate bonds and other n	egotiable and non-ne	gotiable instrume	ents	
Negotiable instrume	nts include personal checks, o	cashiers' checks, promi	issory notes, and r	nonev orders.	
Non-negotiable inst	uments are those you cannot	transfer to someone by	y signing or deliver	ing them.	
🗹 No					
Yes. Give specif information about					
them					\$
		***************************************			<del></del> \$
				)	- \$
21. Retirement or pens		400/h) 46/20 4			
✓ No	in IRA, ERISA, Keogh, 401(k)	, 403(b), thrift savings	accounts, or other	pension or profit-sharing pla	ans
Yes. List each					
	ely. Type of account: Inst	itution name:			
	401(k) or similar plan:				\$
	Pension plan:			,	_ *
	IRA:				\$
	***************************************				\$
	Retirement account:				\$
	Keogh:				<u> </u>
	Additional account:				<u> </u>
	Additional account:				\$
2. Security deposits a	nd prepayments				
Your share of all unu	sed deposits you have made s	so that you may continu	ue service or use fi	om a company	
Examples: Agreemer companies, or others	its with landlords, prepaid reni	t, public utilities (electri	ic, gas, water), tele	communications	
☑ No					
*					
Yes		n name or individual:			
	Electric:				- \$ <u></u>
	Gas:				- \$
	Heating oil:		· · · · · · · · · · · · · · · · · · ·		- \$ <u></u>
	Security deposit on rental uni	t:			<b>s</b>
	Prepaid rent:	**************************************			- \$
	Telephone:				- \$ <u>.</u>
	Water:		·····		- \$
	Rented furniture:			***************************************	- \$

Other:

Annuities (A contract for	r a periodic payment of money to you, either for life or for a number of years)	
Z No	a penduc payment of money to you, entire for the or for a number of years)	
☐ Yes	Issuer name and description:	
		\$
		\$
		\$

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Debtor 1	REGINALD THO	OMPSON	Case	number (it known)	
	First Name Middle I	Name Last Name	Gase	TRUITED (II XI 10W/I)	
24. Interest	s in an education IRA	, in an account in a qualified ABLI	E program, or under a qua	ified state tuition program	<b>).</b>
	C. §§ 530(b)(1), 529A(I	o), and 529(b)(1).			
<b>☑</b> No					
<b>□</b> Yes		Institution name and description. Se	eparately file the records of a	ny interests.11 U.S.C. § 52	1(c):
					•
			· · · · · · · · · · · · · · · · · · ·		_ \$
					_ \$
					- \$
25. <b>Trusts, e</b>	equitable or future int	terests in property (other than any	thing listed in line 1), and (	ights or powers	
	ible for your benefit				
Ø No					
☐ Yes.	Give specific nation about them				_
mion	nation about them				\$
26. Patents.	copyrights, tradema	rks, trade secrets, and other intell	ectual property		
Example	s: Internet domain nan	nes, websites, proceeds from royaltie	es and licensing agreements		
Z No					
Yes.	Give specific				
inform	nation about them				\$
		ner general intangibles			
	s: building permits, ext	clusive licenses, cooperative associa	tion holdings, liquor licenses	, professional licenses	
<b>2</b> No	<b>5</b> )				
	Give specific nation about them				•
					<b>a</b>
Money or pr	operty owed to you?	ı			Commond color of the
					Current value of the portion you own?
					Do not deduct secured claims or exemptions.
28 Tax refue	ids owed to you				
☑ No	0.1101 10 900				
	Give specific information	An.			
â	about them, including v	vhether		Federal:	\$
	ou already filed the re and the tax years			State:	<b>\$</b>
,	and the tex years	X		Local:	\$
29. Family st					
	: Past due or lump sur	n alimony, spousal support, child sup	oport, maintenance, divorce	settlement, property settlem	ent
<b>Ø</b> No					
☐ Yes. 0	Give specific information	n		B.K.	
				Alimony:	\$
				Maintenance:	\$
				Support:	\$
				Divorce settlement:	\$
				Property settlement:	\$
0. Other am	ounts someone owes	you			
⊏xampies	. Onpaid wages, disab Social Security benef	ility insurance payments, disability be fits; unpaid loans you made to some	enetits, sick pay, vacation pa one else	y, workers' compensation,	
Z No		;	<del></del>		
	Sive specific informatio	n			

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D	ebtor 1	REGINALI	THOMPSON	Case n	number (if known)	
		First Name	Middle Name	Last Name Sase 11	GHIDOI (# KNOWI)	
31.	Interest	s in insurance	policies			
				ce; health savings account (HSA); credit, homeowner's	s, or renter's insurance	
	🗹 No			. , ,		
	☐ Yes	Name the insur	rance company	Company name: Bene	eficiary:	Surrender or refund value:
		of each policy	and list its value		chary.	Currender of Verding Value.
						\$
					····	\$
						\$
32.	Any inte	erest in propert	y that is due you	from someone who has died		
	If you ar	e the benefician	y of a living trust, e	xpect proceeds from a life insurance policy, or are cum	ently entitled to receive	
	ZI No	because some	one nas died.			
		Give enecific in	formation			
	103.	Ore specific in	ionnadori			\$
						· · · · · · · · · · · · · · · · · · ·
33.	Claims a	against third pa	arties, whether or	not you have filed a lawsuit or made a demand for	payment	
	☑ No	s. Accidents, et	npioyment dispute	s, insurance claims, or rights to sue		
		Describe each	claim			
	103.	Describe caus	uldiif1			\$
34.	Other co	ntingent and u	nliquidated claim	s of every nature, including counterclaims of the de	ahtar and righte	-
	to set of	f claims	•		botor and rights	
	No No	_				
	<b>∟i</b> Yes.	Describe each of	daim			•
						ð
		ncial assets yo	u did not already	list		
	Z No					
	Yes.	Give specific int	ormation			\$
36.	Add the	dollar value of	all of your entries	from Part 4, including any entries for pages you ha	ave attached	
1	for Part	4. Write that nu	mber here		•	\$1,017.00
Par	t 5:	Describe Aı	ny Business-R	elated Property You Own or Have an in	terest In. List anv m	eal estate in Part 1.
			/ legal or equitabl	e interest in any business-related property?		
		io to Part 6.				
,	wali Yes. □	Go to line 38.				
						Current value of the
						portion you own?  Do not deduct secured claims
						or exemptions.
38, 🗚	Accounts	receivable or	commissions you	already earned		
	A No					
	Yes. I	Describe				
						\$
			hings, and suppl			
	:xamples: <b>Z</b> INo	ousiness-related (	computers, software,	modems, printers, copiers, fax machines, rugs, telephones, de	sks, chairs, electronic devices	
		Describe				
4	w≢ TUS. L	æscn0e				¢

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	STANTE MIDDLE Last Name	Case number (#known)	
⊢ifS	st Name Middle Name Last Name		
40 Machinory 6	extures, equipment, supplies you use in business,	and tools of courts	
✓ No	ixtures, equipment, supplies you use in business,	and tools of your trade	
Yes. Desc	oribo		
La res. Desc	JIDE		\$
41. Inventory  No			
Yes. Desc	riha		
<b>□</b> 103. D030	AIDC		\$
42 interests in n	artnerships or joint ventures		
☑ No	artificianipo or joint ventures		
	ribe Name of entity:		
		% of ownership:	
		%	\$
		%	\$
		%	\$
	s, mailing lists, or other compilations		
No No	nur liefe inglude nemenally identifiable info-		
i res. Do yo	our lists include personally identifiable informatio	n (as defined in 11 U.S.C. § 101(41A))?	
	es. Describe		
	es. Describe		\$
	-related property you did not already list		
✓ No ☐ Yes. Give s			
information			\$
			\$
			\$
			\$
			\$
			\$
5. Add the dollar	r value of all of your entries from Part 5, including	any entries for pages you have attached	\$
for Part 5. Writ	te that number here	•	Ψ
Mariana			
art 6: Desc If you	Fribe Any Farm- and Commercial Fishing-Rel I own or have an interest in farmland, list it in Part	lated Property You Own or Have an Interest In 1	ı <b>.</b>
AND PROPERTY.		•	
6. <mark>Do you own o</mark> r	r have any legal or equitable interest in any farm-	or commercial fishing-related property?	
No. Go to P	Part 7.	,	
Yes. Go to I	line 47.		
			Current value of the
			portion you own?
• <b>P</b>			Do not deduct secured claims or exemptions.
7. Farm animals	otook positing form rained 6-1-		
Examples: Live:  ✓ No	stock, poultry, farm-raised fish		
Yes			
100			

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Debtor 1		THOMPSON				Case number (if known)		
	First Name	Middle Name	Last Name			George Control of the		
48. Crops-	either growing	or harvested						
☑ No								
Yes. infor	Give specific nation						\$	
49. <b>Farm an</b> <b>2</b> 1 No	d fishing equip	ment, implements	s, machinery, fixtur	es, and too	ls of trade			
							\$	· · · · · · · · · · · · · · · · · · ·
	d fishing suppl	ies, chemicals, an	d feed					
☑ No ☐ Yes	*******************		i e					
							\$	
51. Any farm	- and commer	cial fishing-related	l property you did	not already	list			
Yes.	Give specific							
							\$	······································
52. Add the for Part (	dollar value of 5. Write that nu	all of your entries mber here	from Part 6, includ	ling any ent	tries for pages	s you have attached	<b>→</b>	
							***	
Part 7:	Describe Al	l Property You	ı Own or Have	an Interc	est in That	You Did Not List Abov	/e	
53. <b>Do you h</b>	ave other prop	erty of any kind ye	ou did not already	list?				
Examples: No	Season tickets, co	ountry club membershi	ip					
Yes.	Give specific						\$	
inform	ation						\$	
							\$	
54. Add the d	ollar value of a	ıll of your entries f	from Part 7. Write (	that number	here		<b>\$</b>	1,017.00
							<del> </del>	
Part 8;	ist the Tot	als of Each Pa	ırt of this Form	1				
55. Part 1: To	tal real estate,	line 2		****	***************************************		→ s	0.00
56. Part 2: To	tal vehicles, lir	ie 5		\$	0.00			
57. Part 3: To	tal personal an	d household items	s, line 15	\$	1,017.00			
58. Part 4: To	tal financial as	sets, line 36		\$	0.00			
59. Part 5: To	tal business-re	lated property, line	e 45	\$	0.00			
60. Part 6: To	tal farm- and fi	shing-related prop	perty, line 52	\$	0.00			
61. Part 7: To	tal other prope	rty not listed, line	54	+\$	0.00			
62. Total pers	onal property.	Add lines 56 throug	jh 61,	\$	1,017.00	Copy personal property total	<b>→</b> +\$	1,017.00
63 Total of al	neanaste ar 6	shodulo A/D Adda	Sma EE . P 00					1,017.00
oo. rotal of al	hoheny on S	cnedule A/B. A00	iiie 55 + iine 62	***************************************			\$	1,017.00

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Fill in this	s information to identify your case:			
Debtor 1	REGINALD THOMPSON			
Debtor 2	First Name Middle Nams	Last Name		
	ing) First Name Middle Name	440.		
	es Bankruptcy Court for the: Northern Dis	trict of Illinois		_
(If known)	er			Check if this is a amended filing
				g
Official	Form 106C			
Sche	dule C: The Pro	perty You	Claim as Exempt	12/15
Using the pr space is nee	operty you listed on Schedule A/B: Pri	operty (Official Form 106	ogether, both are equally responsible for s A/B) as your source, list the property that Additional Page as necessary. On the top	you claim as exempt. If more
specific dol of any appli retirement t limits the ex	llar amount as exempt. Alternatively icable statutory limit. Some exempt funds—may be unlimited in dollar a	<ul> <li>you may claim the fullons—such as those formount. However, if you ant and the value of the ount.</li> </ul>	amount of the exemption you claim. Or I fair market value of the property bein r health aids, rights to receive certain b claim an exemption of 100% of fair ma property is determined to exceed that	g exempted up to the amount penefits, and tax-exempt orket value under a law that
☐ You	are claiming state and federal nonbal are claiming federal exemptions. 11 property you list on Schedule A/B	U.S.C. § 522(b)(2)		
Brief d Sched	lescription of the property and line on ule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief descrip	tion: CLOTHING	\$ <u>500.00</u>	<b>\$</b> 500.00	
Line fro Schedu			☐ 100% of fair market value, up to any applicable statutory limit	
Brief descript	tion: CASH	\$ <u>17.00</u>	□ s <u>17.00</u>	
Line fro Schedu			☐ 100% of fair market value, up to any applicable statutory limit	
Brief descript	iion:	\$	<b>□</b> \$	
Line fro Schedu			☐ 100% of fair market value, up to any applicable statutory limit	WARRING TO THE PROPERTY OF THE
(Subject	Did you acquire the property covered	years after that for case	s filed on or after the date of adjustment.)  1,215 days before you filed this case?	
	No Yes			

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Debtor 1

### REGINALD THOMPSON

rst Name Middle N

Last Name

Case number (if known)

### Part 2:

#### **Additional Page**

Brief description of on Schedule A/B th	f the property and line nat lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:		\$	<b>Q</b> \$	
Line from Schedule A/B:	<del></del>		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<b>=</b> \$	
Line from Schedule A/B: ——			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<b></b>	
Line from Schedule A/B:	- The second of		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<b>□</b> \$	
Line from Schedule A/B:	<del></del>		100% of fair market value, up to any applicable statutory limit	
Brief description: ——		\$	<u> </u>	
Line from Schedule A/B: ——	TO THE PARTY.		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<b>□</b> \$	
Line from Schedule A/B;	<del></del>		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<b>-</b> \$	
Line from Schedule A/B:	TO THE PARTY OF TH		☐ 100% of fair market value, up to any applicable statutory limit	WASHING AND ADDRESS OF THE PROPERTY OF THE PRO
Brief description:		\$	<u> </u>	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	79 P70 P80 P10 P10 P10 P10 P10 P10 P10 P10 P10 P1
Brief description:		\$	<b></b> \$	
Line from Schedule A/B:	MINISTER AND ADDRESS OF THE ADDRESS		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<b></b>	
Line from Schedule A/B:	da de Vinada		100% of fair market value, up to any applicable statutory limit	***************************************
Brief description:		\$	<u> </u>	
Line from Schedule A/B: ———	***		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<b>-</b> \$	
Line from Schedule A/B:	_		100% of fair market value, up to any applicable statutory limit	

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Fill in this information to identify your ca	ise:				
Debtor 1 REGINALD THOMPSOI	N				
		Name			
		Name			
United States Bankruptcy Court for the: Northern Case number	n District of Illinois				
(If known)					if this is an
				amend	ed filing
Official Form 106D					
Schedule D: Creditor	rs Who Hav	e Claims Secure	ed by Pro	perty	12/15
Be as complete and accurate as possible	. If two married people	e are filing together, both are eq	ually responsible t	or supplying correc	t
information. If more space is needed, cop additional pages, write your name and ca	by the Additional Page (Ise number (if known)	e, fill it out, number the entries, a	and attach it to this	form. On the top of	any
1. Do any creditors have claims secured		and the second section of the sectio			
No. Check this box and submit this for Yes. Fill in all of the information below	rm to the court with you ,	r other schedules. You have nothi	ng else to report on	this form.	
- 100.1 in its on or the information below	•				
Part 1: List All Secured Claims					
			Column A	Column B	Column C
<ol><li>List all secured claims. If a creditor has a for each claim. If more than one creditor if</li></ol>	more than one secured	claim, list the creditor separately	Amount of claim	Value of collateral	Unsecured
As much as possible, list the claims in alp	habetical order according	ng to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion if any
2.1	<b></b>		The state of the s		ir carsy
Creditor's Name	Describe the propert	y that secures the claim:	\$	\$	\$
Greates a Hainy					
Number Street	ur.				
		e, the claim is: Check all that apply.			
	Contingent				
City State ZIP Code	Unliquidated Disputed				
Who owes the debt? Check one.	• • •				
Debtor 1 only	Nature of lien. Check	.,,,			
Debtor 2 only	Car loan)	made (such as mortgage or secured			
Debtor 1 and Debtor 2 only	Statutory lien (such	as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from				
Check if this claim relates to a	Other (including a ri	ight to offset)			
community debt					
Date debt was incurred2.2	Last 4 digits of accor	ınt number			
		y that secures the claim:	<b>3</b>	\$\$	S
Creditor's Name					
Number Street	•				
	As of the date you file	e, the claim is: Check all that apply.			
	Contingent				
City State ZIP Code	Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check				
Debtor 1 only Debtor 2 only	An agreement you r car loan)	nade (such as mortgage or secured			
Debtor 2 only  Debtor 1 and Debtor 2 only	_ ′	as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from	a lawsuit			
Check if this claim relates to a	Other (including a right	ght to offset)			
community debt					
Date debt was incurred		nt number			
Add the dollar value of your entries in (	Column A on this page	e. Write that number here:			

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Debtor 1 REGINALD THOMPSO First Name Middle Name	N Case nu	mber (if known)		
Part 1: After listing any entries on this by 2.4, and so forth.	s page, number them beginning with 2.3, followed	Column A  Amount of claim  Do not deduct the value of collateral.	Column B  Value of collateral that supports this claim	Column C Unsecured portion If any
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name				*
Number Street	_			
	As of the date you file, the claim is: Check all that apply.  Contingent			
City State ZIP Code	Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
Check if this claim relates to a community debt	Other (including a right to offset)	_		
Date debt was incurred	Last 4 digits of account number			
	Describe the property that accuracy the state.	•		
Creditor's Name	_ Describe the property that secures the claim:	5	\$\$	
Number Street	-			
	As of the date you file, the claim is: Check all that apply.			
-	Contingent			
City State ZIP Code	Unliquidated			
Who owes the debt? Check one.	☐ Disputed			
_	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured			
Debtor 1 and Debtor 2 only	car loan)  Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
Check if this claim relates to a	Other (including a right to offset)			
community debt	· · · · · · · · · · · · · · · · · · ·	•		
Date debt was incurred	Last 4 digits of account number			
	Describe the property that secures the claim:	<b>c</b>	\$ \$	
Creditor's Name		Ψ	\$\$	
Number Street	-			
	- As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit			
At least one of the debtors and another	Judgment lien from a lawsuit     Other (including a right to offset)			
Check if this claim relates to a community debt	— Julia (moduling a right to offset)			
Date debt was incurred	Last 4 digits of account number			
Add the dollar value of your entries	s in Column A on this page. Write that number here:			

Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.

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			Doo	cument Pa	ge 25 01 56
Debto	ır1	REGINALD THOMPSO	N Last Name		Case number (# known)
Pa	rt 2:	List Others to Be Notifi	ied for a Deb	t That You Airead	y Listed
agi yot	ency is tr u have m	ying to collect from you for a	debt you owe to of the debts that	o someone else, list t It vou listed in Part 1.	r a debt that you already listed in Part 1. For example, if a collection he creditor in Part 1, and then list the collection agency here. Similarly, if list the additional creditors here. If you do not have additional persons to
					On which line in Part 1 did you enter the creditor?
	Name	**************************************			Last 4 digits of account number
	Number	Street	······································		<del></del>
	City		State	ZIP Code	_
					On which line in Part 1 did you enter the creditor?
	Name		···		Last 4 digits of account number
	Number	Street			_
				· · · · · · · · · · · · · · · · · · ·	<del></del>
	City	THE PROPERTY OF THE PROPERTY O	State	ZIP Code	_
					On which line in Part 1 did you enter the creditor?
	Name			<u> </u>	Last 4 digits of account number
	Number	Street		-	_
					_
;	City		State	ZIP Code	_
$\overline{}$					On which line in Part 1 did you enter the creditor?
 j	Name				Last 4 digits of account number
Ī	Number	Street			-
_					
**					-
	City		State	ZIP Code	
	Vame				On which line in Part 1 did you enter the creditor?
·					Last 4 digits of account number
4	iumber	Street		, , , , , , , , , , , , , , , , , , ,	•
_		APPROPRIEST CONTROL OF THE PROPERTY OF THE PRO	· · · · · · · · · · · · · · · · · · ·		
	City		State	ZIP Code	
					On which line in Part 1 did you enter the creditor?
Ñ	lame				Last 4 digits of account number

City

Number

Street

ZiP Code

State

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Debtor 1   REGINALD THOMPSON   Cast Name	F	ill in this information to identify your case:				
Dektor 2   Bouwer, if filing) Fest Marines   Mostes Name   Lent Number		REGINALD THOMPSON				
Check if this is a mended filing   Case number   Check if this is a mended filing   Check if this is for a community debt is the claim is a plabeled of check   Check one   Check if this claim is for a community debt is the claim is a plabeled for personal injury while you were intoxicated   Check if this claim is for a community debt is the claim is a mended filing   Check if this claim is for a community debt is the claim is a mended filing   Check if this claim i	'		Last Name			
Official Form 106E/F  Schedule E/F: Creditors Who Have Unsecured Claims  12/15  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexplored leases that a claim. Also let account provided the Also Property (Official Form 108A/8) and on Schedule G: Executory Contracts and Unexplired Leases (Official Form 198G) and to Schedule G: Executory Contracts and Unexplired Leases (Official Form 198G) to not include any additional pages, write your name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1: List All of Your PRIORITY Unsecured Claims against you?  No. Go to Part 2.  Ves.  List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriory amounts. Such as possible, list the claims in sliphabetical order according to the creditor's name have priority unsecured claims, lift out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Total claim Priority Nonpriority amount.  Nonpriority Insecured Claims.  When was the debt incurred?  Number Street  When incurred the debt? Check one.  Debtor 1 and Debtor 2 only  Check if this claim is for a community debt is the claim instinated one creditor has for a community debt is the claim instinated one of the debtors and another Check if this claim is for a community debt is the claim instinated one of the debtors and another Check if this claim is for a community debt is the claim sinate of each or personal injury while you were intoxicated  Other. Specify			Last Name			
Official Form 106E/F  Schedule E/F: Creditors Who Have Unsecured Claims  12/15  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexplored leases that a claim. Also let account provided the Also Property (Official Form 108A/8) and on Schedule G: Executory Contracts and Unexplired Leases (Official Form 198G) and to Schedule G: Executory Contracts and Unexplired Leases (Official Form 198G) to not include any additional pages, write your name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1: List All of Your PRIORITY Unsecured Claims against you?  No. Go to Part 2.  Ves.  List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriory amounts. Such as possible, list the claims in sliphabetical order according to the creditor's name have priority unsecured claims, lift out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Total claim Priority Nonpriority amount.  Nonpriority Insecured Claims.  When was the debt incurred?  Number Street  When incurred the debt? Check one.  Debtor 1 and Debtor 2 only  Check if this claim is for a community debt is the claim instinated one creditor has for a community debt is the claim instinated one of the debtors and another Check if this claim is for a community debt is the claim instinated one of the debtors and another Check if this claim is for a community debt is the claim sinate of each or personal injury while you were intoxicated  Other. Specify	١,	inited States Renkruntov Coud for the Morthagn District	t of Illinois			
Official Form 106E/F  Schedule E/F: Creditors Who Have Unsecured Claims  12/15  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. At 28: Properly Official Form 106A/B; and on Schedule A/B: Properly Official Form 106A/B; and on Schedule Officia			t of minors		☐ Che	ck if this is an
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims.  List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule ArB: Property (Official Form 106A/B) and on Schedule C: Executory Contracts and Unexpired Leases (Official Form 106A) and on Schedule C: Executory Contracts and Unexpired Leases (Official Form 106A) Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Aleve Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).  Part 1 List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  A No. Go to Part 2.  Yes.  2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority unsecured order according to the creditory amounts. As much as possible, list the claims in alphabetical order according to the creditory amounts. As much as possible, list the claims in alphabetical order according to the creditory amounts are much as the priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Total claim Priority Mongraphy amounts. As much as possible, list the claims in alphabetical order according to the creditor shame when the debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 3 only   Debtor 3 only   Debtor 4 only   Debtor 4 only   Debtor 5 only						
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106AIB) and on Schedule 6: Executory Contracts and Unexpired Leases (Official Form 106AIB). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims against you?  No. Go to Part 2.  Yes.  List all of your priority unsecured claims against you?  No. Go to Part 2.  Yes.  List all of your priority unsecured claims it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the Instruction booklet.)  Total claim Priority Nonpriority amounts. Street  Last 4 digits of account number  Street  As of the date you file, the claim is: Check all that apply.  Contingent Uniquidated  Debtor 1 only  Debtor 1 only  Debtor 1 only  Type of PRIORITY unsecured claim: Domestic aupport obligations  Taxes and certain other debts you owe the government Chaims for death or personal injury while you were intoxicated  Intoxicated  Other: Specify  Yes	0	fficial Form 106E/F				
List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 108AB) and on Schedule 6: Executory Contracts and Unexpired Iorm 108Gb) to not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?    No. Go to Part 2.	S	chedule E/F: Creditors V	Nho Have Unsecured Clair	ms		12/15
No. Go to Part 2.   Yes.   Yes.	Lis A/E cre nec any	t the other party to any executory contracts or 3: Property (Official Form 106A/B) and on Scheoditors with partially secured claims that are list eded, copy the Part you need, fill it out, number additional pages, write your name and case not see the page of the page	unexpired leases that could result in a claim. Also I dule G: Executory Contracts and Unexpired Leases sed in Schedule D: Creditors Who Have Claims Secuthe entries in the boxes on the left. Attach the Contumber (if known).	list executory c (Official Form ' ered by Propert	ontracts on S 106G). Do not v. If more spa	ichedule include any ce is
Last 4 digits of account number   \$   \$   \$	2.	Yes.  List all of your priority unsecured claims. If a ceach claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the unsecured claims, fill out the Continuation Page of	reditor has more than one priority unsecured claim, list if a claim has both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's report 1. If more than one creditor holds a particular claim	hat claim here a name. If you hav	nd show both re more than to	priority and
Last 4 digits of account number\$\$		(For an explanation of each type of claim, see the	instructions for this form in the instruction booklet.)	Total claim	Priority	Monorlogic
Last 4 digits of account number   \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		1		, ota, ciaiii	•	
Number Street  As of the date you file, the claim is: Check all that apply.  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  When was the debt incurred?  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify  Other. Specify	2.1		Last 4 digits of account number	\$	\$	s
As of the date you file, the claim is: Check all that apply.  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No  Yes		Priority Creditor's Name			· ·	- T
City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No  Yes		Number Street	When was the debt incurred?			
City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No  Yes			As of the date you file, the claim is: Check all that ann	lv		
Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Chaims for death or personal injury while you were intoxicated Other. Specify  Other. Specify				.,.		
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes		•				
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Yes □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify □ Other. Specify □ Other.			☐ Disputed			
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes			Tune of DRIGRITY unconvent states			
At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No  Yes						
Check if this claim is for a community debt  Is the claim subject to offset?  ☐ No ☐ Yes ☐ Yes ☐ Claims for death or personal injury while you were intoxicated ☐ Other. Specify						
Is the claim subject to offset?  No  Yes		☐ Check if this claim is for a community debt	· · · · · · · · · · · · · · · · · · ·			
☐ No ☐ Other. Specify			intoxicated			
5-3-1			Other. Specify	<del>-</del>		
2.2 Last 4 digits of account number		Yes				
	2.2		Last 4 digits of account number	_	_	_
Priority Creditor's Name  Last 4 digits of account number \$ \$ \$  When was the debt incurred?		Priority Creditor's Name		\$	- \$ <u></u>	_ \$
Number Street		Number Street	Tyrien was the dept incurred?			
As of the date you file, the claim is: Check all that apply.		THAIRMEN SCHOOL	As of the date you file, the claim is: Check all that apply	y.		
□ Contingent			☐ Contingent			
City State ZIP Code Unliquidated		City State ZIP Code				
Who incurred the debt? Check one.			☐ Disputed			
Debtor 1 only  Type of PRIORITY unsecured claim:			Type of PRIORITY unsecured claim:			
La Debtor 2 only						
Debtor 1 and Debtor 2 only  At least one of the debtors and another  Taxes and certain other debts you owe the government			· · · · · · · · · · · · · · · · · · ·			
Claims for death or personal injury while you were			Claims for death or personal injury while you were			
Indicated			intoxicated			
Is the claim subject to offset?  Other. Specify  Yes		In the about a color of the color				

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Debtor 1

REGINALD THOMPSON
First Name Middle Name

Case number (if known)_

Part 1: Your PRIORITY Unsecured Claim	s — Continuation Page			
After listing any entries on this page, number ther	n beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name			• • • • • • • • • • • • • • • • • • • •	
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	Contingent Unliquidated			
	Disputed			
Who incurred the debt? Check one.				
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government			
	Claims for death or personal injury while you were intoxicated			
☐ Check if this claim is for a community debt	Other. Specify			
Is the claim subject to offset?				
□ No				
Yes				
Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
Trong Gradier o Manu	When was the debt incurred?			
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	☐ Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only				
Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government  Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated			
	Other. Specify			
Is the claim subject to offset?				
□ No				
☐ Yes				
	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name				
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	Unliquidated			
	☐ Disputed			
Who incurred the debt? Check one.				
Debtor 1 only Debtor 2 only	Type of PRIORITY unsecured claim:			
Debtor 2 only  Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government			
☐ Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated			
Check it this claim is for a community debt	Other. Specify			
Is the claim subject to offset?				
☐ No				
☐ Yes				

	Ca	ise 10-00			Document	Page 28 of 56	viaiii	
Del	btor 1	REGINALI First Name	D THOMPSO Middle Name		t Name	Case number (if known)		
Pa	irt 2:				Unsecured Claims			
3.					ed claims against you . Submit this form to the	? court with your other schedules.		
	nonpriori included	ty unsecured of in Part 1. If m	claim, list the cre	editor se editor ho	eparately for each claim olds a particular claim, li	order of the creditor who holds each claim. If a creditor hat. For each claim listed, identify what type of claim it is. Do no st the other creditors in Part 3.If you have more than three no	t liet cia	sime already
r	1						Tot	al claim
4.1			GO DEPT OF	FINA	ANCE	Last 4 digits of account number		9 AAA AA
		by Creditor's Name  OX 804556				When was the debt incurred?	\$	8,000.00
	Number	Street						
	CHIC	AGO		IL	60680			
	City			State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
	10 B - 1-					Contingent		
		curred the deb	t? Check one.			Unliquidated		
		or 1 only or 2 only				☐ Disputed		
		or 2 only or 1 and Debtor	2 only			Type of NONPRIORITY unsecured claim:		
	At le	ast one of the de	ebtors and another					
						Student loans  Obligations arising out of a separation agreement or divorce		
	L. Che	ck if this claim	is for a commu	nity del	bt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		laim subject to	offset?			Debts to pension or profit-sharing plans, and other similar debts	i	
	☐ No					Other. Specify		
	Yes							
4.2	ENHA	NCED REC	OVERY CO	MPAN	JY	Last 4 digits of account number	\$	716.00
		Creditor's Name	OVEIVI OO	1411 7.75	·	When was the debt incurred?	Ψ	
		OX 1259						
	Number OAKS	Street		DA	40450	As of the date you file, the claim is: Check all that apply.		
	City	******		PA	19456 ZIP Code	Arth.		
				0444	215 0000	Contingent		
		urred the deb	? Check one.			Unliquidated Disputed		
	Debte					Lishatea		
	Debte	or 2 only or 1 and Debtor:	2 only			Type of NONPRIORITY unsecured claim:		
			z only btors and another			☐ Student loans		

	□ No
	Yes
3	SECRETARY OF STATE BANKBURTCY DEPT

 $oldsymbol{\square}$  Check if this claim is for a community debt

SECRETARY OF Nonpriority Creditor's Name

2701 S DIRKSEN PKWAY

is the claim subject to offset?

Number Street **SPRINGFIELD** 

Who incurred the debt? Check one.

Debtor 1 only Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

is the claim subject to offset? ☐ No

Yes

Obligations arising out of a separation agreement or divorce

that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other, Specify

Last 4 digits of account number When was the debt incurred?

2,000.00

As of the date you file, the claim is: Check all that apply.

☐ Contingent Unliquidated

62723

ZIP Code

☐ Disputed

### Type of NONPRIORITY unsecured claim:

☐ Student loans

Obligations arising out of a separation agreement or divorce

that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other, Specify

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Debtor 1

**REGINALD THOMPSON** 

Middle Name

Last Name

Case number (# known)_



### Your NONPRIORITY Unsecured Claims — Continuation Page

Aft	er listing any entries on this page, n	umber the	m beginning with 4	4.4, followed by 4.5, and so forth.	Total claim
<u> </u>	ARNOLD SCOTT HARRIS	~~~~	· · · · · · · · · · · · · · · · · · ·	Last 4 digits of account number	\$_2,633.00
	Nonpriority Creditor's Name 111 W JACKSON BLVD STE	500		When was the debt incurred?	
	Number Street CHICAGO	11	60604	As of the date you file, the claim is: Check all that apply.	
	City	IL State	60604 ZIP Code		
	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anothe Check if this claim is for a commute the claim subject to offset?  No Yes	r	ZIF COGE	Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
	Tes .				
	COOK LAW MAGISTRATE R	ICHARD	J DALEY CE	Last 4 digits of account number	<u>\$ 700.00</u>
	50 W WASHINGTON			When was the debt incurred?	
	Number Street			As of the date you file, the claim is: Check all that apply.	
	CHICAGO	IL State	60602 ZIP Code		
	Who incurred the debt? Check one.  Debtor 1 only	, all	En odd	☐ Contingent☐ Unliquidated☐ Disputed☐	
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another			Student loans	
				<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	Check if this claim is for a commu	nity debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other. Specify	
	☐ No ☐ Yes				
	PEOPLE ENERGY			Last 4 digits of account number	\$_2,870.00
	Nonpriority Creditor's Name			When was the debt incurred?	
	130 E RANDOLPH Number Street			THE COLUMN THE PROPERTY OF THE	
	CHICAGO	IL	60602	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	☐ Contingent	
	Who incurred the debt? Check one.			Unliquidated	
	Debtor 1 only			☐ Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			Student loans	
	At least one of the debtors and another			<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>	
	Check if this claim is for a commun	nity debt		you did not report as priority claims	
	Is the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
	□ No			- Outer, opening	

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Debtor 1

Part 2:

**REGINALD THOMPSON** 

**List All of Your NONPRIORITY Unsecured Claims** 

	First Name	Middle Name	Last Name	Case Huttiber (# xnown)
ACCRECATION N				

3.	Do any creditors have nonpriority unsecured claims against you?
	No. You have nothing to report in this part. Submit this form to the court with your other schedules.    Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	COMED ATTN BANKRUPTCY CENTER Nonpriority Creditor's Name	Last 4 digits of account number	Total claim
	3 LINCOLN CENTER	When was the debt incurred?	
	Number Street		
	OAKBROOK TERRACE IL 60181		
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
		☐ Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated	
	Debtor 1 only	Disputed	
	Debtor 2 only		
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	☐ Student loans	
	Dobat was a second	Obligations arising out of a separation agreement or divorce	
	☐ Check if this claim is for a community debt	that you did not report as priority claims	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	:
	□ No	Other. Specify	
	Yes		
<del></del> 1			
4.2		Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	
	Number Street	-	
		As of the date you file, the claim is: Check all that apply.	
	City State ZiP Code	Contingent	
	Who incurred the debt? Check one	Unliquidated	
		Disputed	
	Debtor 1 only	Disputed	
	Debtor 2 only	Type of NONDRIGHTY	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
	□ No	Other. Specify	
	☐ Yes		
4,3			
	Nonpriority Creditor's Name	Last 4 digits of account number	٠
	worthing creditors vame	When was the debt incurred?	3
	Number Street	-	
	Individer Street		
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
		☐ Contingent	
	Who incurred the debt? Check one.	Unliquidated	
	Debtor 1 only	D Disputed	
	Debtor 2 only	wa Disputed	
	Debtor 1 and Debtor 2 only	Type of NONDDIORITY uncessared eleims	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Charlettatic alabatic forms	Student loans	
	Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce	
	is the claim subject to offset?	that you did not report as priority claims	
	□ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	

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Debtor 1

**REGINALD THOMPSON** Middle Name

Case number (if known)__

Part 3:

List Others to Be Notified About a Debt That You Already Listed

				On which onto in Don't don't Don't Colid your that the solution have to
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
		T		Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claim
				Last 4 digits of account number
City		State	ZIP Code	
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
			***************************************	On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
lumber	Street			Part 2: Creditors with Priority Unsecured Claims
				Claims
City		State	ZIP Code	Last 4 digits of account number
•		Cieto	Zii Code	On which entry in Part 1 or Part 2 did you list the original creditor?
lame			***************************************	
√umber	Street			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
				Claims Part 2: Creditors with Nonpriority Unsecured
ity		State	ZIP Code	Last 4 digits of account number
•		44.5	21. 0040	On which order in Don't don Book 0 did you that he will be a
lame				On which entry in Part 1 or Part 2 did you list the original creditor?
lumber	Street		<del></del>	Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
obot	30000			Part 2: Creditors with Nonpriority Unsecured Claims
			<del></del>	Last 4 digits of account number
ity		State	ZIP Code	
ame	<del></del>	<del></del>	-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
lumber	Street			Part 2: Creditors with Nonpriority Unsecured Claims
ity		State	ZIP Code	Last 4 digits of account number
ame				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
umber	Street		<del></del>	☐ Part 2: Creditors with Nonpriority Unsecured
****				Claims
ity		State	ZIP Code	Last 4 digits of account number

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Debtor 1

**REGINALD THOMPSON** Middle Name

Case number (if known),

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c. Claims for death or personal injury while you wen intoxicated	<b>e</b> 6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$	0.00
	6e. <b>Total.</b> Add lines 6a through 6d.	6e.	\$	0.00
			Total claim	
Total claims	6f. Student loans	6f.	\$	0.00
nom Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	: 6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and othe similar debts	e <b>r</b> 6h.	\$	0.00
	<ol> <li>Other. Add all other nonpriority unsecured claims.</li> <li>Write that amount here.</li> </ol>	6i.	+ s	18,519.00
	6j. <b>Total.</b> Add lines 6f through 6i.	<b>6</b> j.	\$	18,519.00

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F	ill in this i		identify your							
٥	ebtor	REGINALI	D THOMPS	ON Idie Name	Last Name					
	ebtor 2									
	opouse If filing)			kdie Name	Last Name					
		Bankruptcy Cou	rt for the: North	ern District of Illine	Dis					
	ase number fknown)	***************************************			<del></del>				☐ Check	if this is an
L							J		amende	ed filing
0	fficial F	orm 10	ദേ							
				ame Cand						
			***************************************		racts and					12/15
into	ormation. I	f more space	is needed, co	e. If two married py the additiona ase number (if k	l page, fill it out, r	ogether, umber t	, both are equall he entries, and a	y responsible fo attach it to this i	or supplying correct page. On the top of	t any
4	Do you b	ALE			0					
1.				ts or unexpired I	eases? vith your other sche	edules. Y	ou have nothing e	else to report on	this form	
	Yes. F	fill in all of the	information be	low even if the co	ntracts or leases a	re listed o	on Schedule A/B:	Property (Officia	il Form 106A/B).	
2.	List sepa example, unexpired	rent, venicie	erson or comp lease, cell ph	pany with whom one). See the ins	you have the con tructions for this for	tract or I	lease. Then state instruction bookle	what each con of for more exam	tract or lease is for ples of executory cor	(for ntracts and
	Person o	r company w	ith whom you	have the contra	ct or lease		State what the	contract or leas	se is for	
2.1										
	Name			· · · · · · · · · · · · · · · · · · ·						
	Number	Street			······································					
	- Administr	Silver								
	City		State	ZIP Code						
2.2	***************************************									
	Name					_				
	Number	Street			· · · · · · · · · · · · · · · · · · ·	_				
	City	······	State	ZIP Code		_				
2.3										
	Name									
	Number	Street			**************************************	<b></b>				
			* *************************************			-				
2.4	City		State	ZIP Code						
∠.₩	Name			·····	······································	_				
						_				
	Number	Street								
	City		State	ZIP Code	**************************************	-				
2.5										
	Name		· · · · · · · · · · · · · · · · · · ·			-				
	Number	Street				-				

State

ZIP Code

City

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Debtor 1

### **REGINALD THOMPSON**

First Nam

Middle Name

l ast Name

Case number	(if known)		



### Additional Page if You Have More Contracts or Leases

Person o	r company w	ith whom you	ı have the contract or le	ase	What the conti	act or leas
Name						
Number	Street					
Cîty		State	ZIP Code			
Name						
Number	Street			· · · · · · · · · · · · · · · · · · ·		
City		State	ZIP Code			
Name	TATOO AND THE STATE OF THE STAT			T-2104600.0.0.0		
Number	Street					
City	W3-W	State	ZIP Code			
Name						
Number	Street					
City		State	ZIP Code			
·						
Vame		*		***************************************		
Number	Street					
City		State	ZIP Code	<del> </del>		
		State	AIT COUR			
lame				***************************************		
lumber	Street					
City		76.1	7100			
nc <b>y</b>		State	ZIP Code			
lame		·				
lumber	Street			· · · · · · · · · · · · · · · · · · ·		
	Jucei			····		
ity		State	ZIP Code			
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	Stead	·····				
umber	Street					
ity		State	ZIP Code			

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Fill in this in	formation to identify	your case:						
Debtor 1	REGINALD THO	MPSON						
Debtor 2	First Name	Middle Name	Last Name					
(Spouse, if filing)	First Name	Middle Name	Last Name	<del></del>				
United States I	Bankruptcy Court for the:	Northern District of Illinois						
Case number (If known)		Made 2000 - 1 - 1			Check if the	nis is:		
			····			ended filing		
					income	plement showing post e as of the following o	tpetition chapter 13 date:	
Official Fo	***************************************	_			MM / D	D/ YYYY		
Sched	ule I: You	ır Income					12/15	
supplying cor if you are sep- separate shee	rect information. If yα arated and your spoι	ossible. If two married peo ou are married and not fili use is not filing with you, o top of any additional pag	ng jointly, and ye to not include in	our spouse is formation abo	living with your spor	ou, include informationse. If more space is r	on about your spouse.	
Fill in your informatio	employment		Debtor 1			Debtor 2 or non-fi	ilina spouse	
	more than one job,		a tractica tractica tractica de la esta como como persona esperante	e an elemente esta esta en eje en elemente en elemente e elemente e elemente e elemente e elemente e elemente e				
attach a separate page with information about additional employers.		Employment status	☐ Employed ☐ Not employed			☐ Employed ☐ Not employed		
include par self-employ	t-time, seasonal, or /ed work.							
	may include student ker, if it applies.	Occupation	The state of the s	***				
		Employer's name				***************************************		
		Employer's address						
			Number Street			Number Street	· · · · · · · · · · · · · · · · · · ·	
			***************************************					
						***************************************		
			City	State ZIP (	Code	City	State ZIP Code	
		How long employed there	e?			VIII. 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Part 2:	Sive Details About	Monthly Income						
spouse unle	ess you are separated.							
lf you or you below. If you	ur non-filing spouse ha u need more space, at	we more than one employer tach a separate sheet to this	r, combine the info s form.	ormation for all	employers for	r that person on the line	es	
				For	Debtor 1	For Debtor 2 or non-filing spouse		
<ol><li>List monthly gross wages, salary, and commissions (bef deductions). If not paid monthly, calculate what the monthly</li></ol>				2. <u>\$ 1</u>	,500.00	\$		
3. Estimate and list monthly overtime pay.				3. +\$	0.00	+ \$		
4. Calculate	gross income. Add lin	ne 2 + line 3.		4. \$ 1	,500.00	\$		

Official Form 106I Schedule I: Your Income page 1

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Debtor 1 REGINALD THOMPSON First Name Middle Name Last Name		Case number (# known)							
		For Debtor 1	For Debtor 2 or non-filing spouse						
Copy line 4 here	<b>→</b> 4.	\$ 1,500.00	\$						
5. List all payroll deductions:									
• •	5a.	0.00							
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans			\$						
5c. Voluntary contributions for retirement plans		\$ <u>0.00</u> \$ 0.00	\$ \$						
5d. Required repayments of retirement fund loans		2.00	\$						
5e. Insurance	5d. 5e.	s 0.00	\$						
5f. Domestic support obligations		\$ 0.00	\$						
5g. Union dues	5g.	\$0.00	\$						
5h. Other deductions. Specify:	5h.	+\$ 0.00	+ \$						
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h	n. 6.	\$ 0.00	\$						
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ <u>1,500.00</u>	\$						
8. List all other income regularly received:									
8a. Net income from rental property and from operating a business, profession, or farm									
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	\$						
8b. Interest and dividends	8b.	\$ 0.00	\$						
8c. Family support payments that you, a non-filing spouse, or a depend regularly receive		¥	¥ <u></u>						
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$						
8d. Unemployment compensation	8d.	\$ <u>0.00</u>	\$						
8e. Social Security	8e.	\$0.00	\$						
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	nce 8f.	\$0.00	\$						
8g. Pension or retirement income	8g.	s 0.00	<b>*</b>						
8h. Other monthly income. Specify:	-	Y	<b>a</b>						
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	8h. 9.	+ \$ 0.00 \$ 1,500.00	\$						
10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		\$_1,500.00 +	\$	<b>=</b> [\$1	1,500.00				
11. State all other regular contributions to the expenses that you list in Schellinclude contributions from an unmarried partner, members of your household, friends or relatives.			nates, and other	<u> </u>					
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:									
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.									
Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 1,500.00  Combined									
13. Do you expect an increase or decrease within the year after you file this form?  13. No									
Yes. Explain:				<del></del>					

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Fill in t	his information to identify	your case:			
Debtor 1	REGINALD THO	MPSON			
	First Name		ast Name		
Debtor 2 (Spouse,	if filing) First Name	Middle Name L	ast Name		
United S	states Bankruptcy Court for the:	Northern District of Illinois			
Case nu		***************************************			
(If known	)	The state of the s		☐ Check if this is	
				amended filing	
Offici	al Form 106H				
Sche	edule H: Your	Codebtors		12/1:	5
and num case nun	together, both are equally ber the entries in the boxen ber (if known). Answer e	responsible for supplying as on the left. Attach the Address or the left. Attach the Address of	correct information. If m ditional Page to this page	complete and accurate as possible. If two married peore space is needed, copy the Additional Page, fill it on the top of any Additional Pages, write your name	4
1. D0 y	ou nave any codebtors? ( No	If you are filing a joint case, do	o not list either spouse as a	a codebtor.)	
	/es				
2. With	in the last 8 years, have y	ou lived in a community pro	perty state or territory?	Community property states and territories include	
Arizo	ona, California, Idaho, Louis	iana, Nevada, New Mexico, P	uerto Rico, Texas, Washir	gton, and Wisconsin.)	
	No. Go to line 3.	r spouse, or legal equivalent l	from coulding control of the store of		
	D No	i spouse, or legal equivalent i	ive with you at the time?		
-		state or territory did you live?	, ,	ill in the name and current address of that person.	
		orate in tarritory and you have.		in the name and current address of that person.	
	Name of your spouse, former sp	ouse, or legal equivalent	·		
	Number Street				
	City	State	ZIP Code		
shov Sche	vn in line 2 again as a cod	ebtor only if that person is a D), Schedule E/F (Official Fo	guarantor or cosigner.	your spouse is filing with you. List the person Make sure you have listed the creditor on G (Official Form 106G). Use Schedule D,	
Colt	ımn 1: Your codebtor			Column 2: The creditor to whom you owe the debt	
				Check all schedules that apply:	
3.1					
	10			— ☐ Schedule D. line	
Nan	пе		- 10 Parts - 1-1	Schedule D, line	
	ne Street	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	nber Street	State	ZIP Code	Schedule E/F, line	
Nun	nber Street	State	ZIP Code	Schedule E/F, line	
Nun City	iber Street	State	ZIP Code	Schedule E/F, line	
Nun City	iber Street	State	ZIP Code	Schedule E/F, line  Schedule G, line  Schedule D, line  Schedule E/F, line	
Oity 3.2	iber Street	State	ZIP Code	Schedule E/F, line	
Oity 3.2 Nam Num City	iber Street	State	ZIP Code ZIP Code	Schedule E/F, line  Schedule G, line  Schedule D, line  Schedule E/F, line	
3.2 Nam Num City 3.3	nber Street  Be Street		ANTO	Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line Schedule G, line	
Oity 3.2 Nam Num City	nber Street  Be Street		ANTO	Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line Schedule G, line Schedule G, line	
3.2 Nam Num City 3.3	ther Street  The Street  The Street		ANTO	Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line Schedule G, line	

	Case 16-0	00935	Doc 1	Filed 01/13/16 Document	Entered ( Page 38 o		16 08:55:51 Desc Main
Debtor					_	Case nu	mber (# known)
	First Name  Addition	Middle Na al Page t	o List More	Codebtors			
C	Column 1: Your co	odebtor				Co	olumn 2: The creditor to whom you owe the debt
							heck all schedules that apply:
3	***************************************					<del> </del>	Schedule D, line
!	Name						Schedule E/F, line
ì	Number Street		· · · · · · · · · · · · · · · · · · ·				Schedule G, line
							<del></del>
	City			State	ZIP Code	<del></del>	
3		·					Schedule D, line
ſ	Varne						Schedule E/F, line
ī	lumber Street						Schedule G, line
_							
	City			State	ZIP Code	<del></del>	
3	lano		···				Schedule D, line
r	lame						Schedule E/F, line
4	lumber Street						Schedule G, line
							······
	City			State	ZIP Code		
3							Cahadula D. Bas
N	ame						Schedule D, line Schedule E/F, line
N	umber Street						Schedule G, line
7	íty		·····	State	ZIP Code	<del></del>	
<u>-</u>	T					П	Schedule D, line
N	ame						Schedule E/F, line
N	umber Street						Schedule G, line
一 ^点	ty			State	ZIP Code	_	
<u>-</u> _	TT-1111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					["]	Schedule D, line
N	eme			***************************************			Schedule E/F, line
N	umber Street						Schedule G, line
						_ <del>-</del>	
一 ^高	ty			State	ZIP Code	····	
ᅴ	me				·		Schedule D, line

City

Number

City

Name

Number

3.___

Street

Street

ZIP Code

ZIP Code

State

State

Schedule E/F, line _____

☐ Schedule D, line ___

□ Schedule E/F, line _____
□ Schedule G, line _____

Fill in this information to identi	fy your case:			
Debtor 1 REGINALD THO	MPSON			
First Name  Debtor 2	Middle Name Last Name	Check if this	•	
(Spouse, if filing) First Name	Middle Name Last Name	An ameno		o esta e e
United States Bankruptcy Court for the	: Northern District of Illinois	expenses	nent showing post as of the following	petition chapter 13 g date:
Case number (if known)		MM / DD /		•
Official Form 106J		~ <del></del>		
Schedule J: Yo	our Expenses			12/15
Be as complete and accurate as	possible. If two married people are fill ded, attach another sheet to this form	ing together, both are equally resp n. Oπ the top of any additional pag	onsible for supply es, write your nam	ing correct e and case number
1. Is this a joint case?				
☑ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a	separate household?			
☐ No	ile Official Form 106J-2, Expenses for S	eparate Household of Debtor 2.		
2. Do you have dependents?	☑ No	Managed at the state of the sta		
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents' names.				☐ No ☐ Yes
Hallies.				□ No
		**************************************	<del></del>	Yes
				□ No
				Ŭ Yes
		<u> </u>	<del></del>	U No □ Yes
				□ No
		The second section of the second seco	***************************************	Yes
<ol> <li>Do your expenses include expenses of people other than yourself and your dependents?</li> </ol>	Mo No □ Yes			
Part 2: Estimate Your Ongo	ing Monthly Expenses			
Estimate your expenses as of you expenses as of a date after the ba applicable date.	r bankruptcy filing date unless you a nkruptcy is filed. If this is a suppleme	re using this form as a supplemenent of the box at the second of the box at	t in a Chapter 13 c the top of the form	ase to report and fill in the
	n-cash government assistance if you			
	d it on Schedule I: Your Income (Offic	,	Your exper	ises
any rent for the ground or lot.	expenses for your residence. Include		<b>\$</b>	800.00
If not included in line 4:				0.00
4a. Real estate taxes	and the state of		4a. \$	0.00
4b. Property, homeowner's, or i			4b. \$	
4c. Home maintenance, repair,			4c. \$	
4d. Homeowner's association o	r condominium dues		\$d. \$	0.00

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Debtor 1

REGINALD THOMPSON
First Name Middle Name Last Name

Case number (if known)

			Your exp	
5	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6				
	6a. Electricity, heat, natural gas	6a.	\$	150.00
	6b. Water, sewer, garbage collection	6b.	\$	
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	
	6d. Other. Specify:	6d.	\$	0.00
7.		7.	\$	405.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	<i></i>
10.	Personal care products and services	10.	\$	0.00
11.	Medical and dental expenses	11.	\$	50.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.	12.	\$	50.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	0.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:	16.	\$	0.00
17.	installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	0.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	0.00
	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.			2.22
	Specify:	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom-	ie.		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	
	20c. Property, homeowner's, or renter's insurance	20c.	\$	
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

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Debtor	1 REGINALD THOMPSON First Name Middle Name Last Name Case number (##	(nown)		
21. <b>O</b>	her. Specify:	21.	+\$	0.00
22. <b>C</b> a	iculate your monthly expenses.			
22	a. Add lines 4 through 21.	22a,	\$	1,300.00
22	b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$	1,300.00
22	c. Add line 22a and 22b. The result is your monthly expenses.	22c.	\$	1,300.00
23. <b>Cal</b>	culate your monthly net income.			
23a	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	1,500.00
23b	Copy your monthly expenses from line 22c above.	23b.	-\$	1,300.00
23c.	Subtract your monthly expenses from your monthly income.  The result is your <i>monthly net income.</i>	23¢.	\$	200.00
24. <b>Do</b>	ou expect an increase or decrease in your expenses within the year after you file this form?			
	example, do you expect to finish paying for your car loan within the year or do you expect your gage payment to increase or decrease because of a modification to the terms of your mortgage?			
<b>2</b>				
<b>Q</b> ,	es. Explain here:			

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ebtor 1	REGINALD TH	HOMPSON Middle Name	Last Name		
ebtor 2 pouse, if filing	) First Name	Middle Name	Last Name	·	
nited States	Bankruptcy Court for t	he: Northern District of I	llinois		
ase number					
					Check if this is amended filing
Officia	l Form 106	Dec			
		-			
				Debtor's Schedules	12/18
					12/18
If two mar	ried people are filir	ng together, both are e	qually responsible for s	supplying correct information.	
If two mar	ried people are filir file this form when	ng together, both are e	qually responsible for s	supplying correct information.	cealing property or
if two mar You must obtaining	ried people are filir file this form when money or property	ng together, both are e ever you file bankrupte by fraud in connection	qually responsible for s cy schedules or amend n with a bankruptcy cas	supplying correct information.	cealing property or
if two mar You must obtaining	ried people are filir file this form when money or property	ng together, both are e	qually responsible for s cy schedules or amend n with a bankruptcy cas	supplying correct information.	cealing property or
if two mar You must obtaining	ried people are filir file this form when money or property	ng together, both are e ever you file bankrupte by fraud in connection	qually responsible for s cy schedules or amend n with a bankruptcy cas	supplying correct information.	cealing property or
if two mar You must obtaining	ried people are filir file this form when money or property	ng together, both are e ever you file bankrupte by fraud in connection	qually responsible for s cy schedules or amend n with a bankruptcy cas	supplying correct information.	cealing property or
If two mar You must obtaining	ried people are filir file this form when money or property oth. 18 U.S.C. §§ 1	ng together, both are e ever you file bankrupte by fraud in connection	qually responsible for s cy schedules or amend n with a bankruptcy cas	supplying correct information.	cealing property or
If two mar You must obtaining years, or b	ried people are filir file this form when money or property oth. 18 U.S.C. §§ 1	ng together, both are e lever you file bankrupte by fraud in connection 52, 1341, 1519, and 35	qually responsible for s cy schedules or amend n with a bankruptcy cas 71.	supplying correct information.	cealing property or
If two mar You must obtaining years, or b	ried people are filir file this form when money or property oth. 18 U.S.C. §§ 1	ng together, both are e lever you file bankrupte by fraud in connection 52, 1341, 1519, and 35	qually responsible for s cy schedules or amend n with a bankruptcy cas 71.	supplying correct information. led schedules. Making a false statement, cor se can result in fines up to \$250,000, or impri	cealing property or
If two mar You must obtaining years, or b	ried people are filir file this form when money or property oth. 18 U.S.C. §§ 1	ng together, both are e lever you file bankrupte by fraud in connection 52, 1341, 1519, and 35 ay someone who is NC	qually responsible for s cy schedules or amend n with a bankruptcy cas 71.	supplying correct information. led schedules. Making a false statement, cor se can result in fines up to \$250,000, or impri	cealing property, or sonment for up to 20
If two mar You must obtaining years, or b	ried people are filir file this form when money or property oth. 18 U.S.C. §§ 1 Sign Below  pay or agree to p	ng together, both are e lever you file bankrupte by fraud in connection 52, 1341, 1519, and 35 ay someone who is NC	qually responsible for s cy schedules or amend n with a bankruptcy cas 71.	supplying correct information.  ied schedules. Making a false statement, cor se can result in fines up to \$250,000, or impri  rou fill out bankruptcy forms?	cealing property, or sonment for up to 20
of two mar You must obtaining years, or b	ried people are filir file this form when money or property oth. 18 U.S.C. §§ 1 Sign Below  pay or agree to p	ng together, both are e lever you file bankrupte by fraud in connection 52, 1341, 1519, and 35 ay someone who is NC	qually responsible for s cy schedules or amend n with a bankruptcy cas 71.	supplying correct information.  ied schedules. Making a false statement, corse can result in fines up to \$250,000, or impri  rou fill out bankruptcy forms?  Attach Bankruptcy Petition Preparer's Notice, De	cealing property, or sonment for up to 20
If two mar You must obtaining years, or b	ried people are filir file this form when money or property oth. 18 U.S.C. §§ 1 Sign Below  pay or agree to p	ng together, both are e lever you file bankrupte by fraud in connection 52, 1341, 1519, and 35 ay someone who is NC	qually responsible for s cy schedules or amend n with a bankruptcy cas 71.	supplying correct information.  ied schedules. Making a false statement, corse can result in fines up to \$250,000, or impri  rou fill out bankruptcy forms?  Attach Bankruptcy Petition Preparer's Notice, De	cealing property, or sonment for up to 20

Signature of Debtor 1

Date 01/07/2016 MM / DD / YYYY

Date MM / DD / YYYY

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Debtor 1	Debtor 1 REGINALD THOMPSON			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	<del></del>
United States I Case number (If known)	Bankruptcy Court fo	r the: Northern District of fi	Minois	

☐ Check if this is an amended filing

### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1:

**List Your Creditors Who Have Secured Claims** 

<ol> <li>For any creditors that you listed in Part 1 of Schedule D: Confirmation below.</li> </ol>		: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the				
	Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?			
	Creditor's name: NONE	☐ Surrender the property.	□ No			
		Retain the property and redeem it.	Yes			
	Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.				
		Retain the property and [explain]:				
	Creditor's name:	Surrender the property.	☐ No			
		Retain the property and redeem it.	☐ Yes			
	Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.				
	•	Retain the property and [explain]:				
	Creditor's	Surrender the property.	□ No			
	name:	Retain the property and redeem it.	☐ Yes			
	Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.				
	·	Retain the property and [explain]:				
	Creditor's name:	☐ Surrender the property.	□ No			
		Retain the property and redeem it.	☐ Yes			
	Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.				
	-	Retain the property and [explain]:				

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ebtor 1	REGINAL First Name	D THOMPS		Case nui	mber (If known)
	rist (vante	мионе (чапте	Last Name		
Part 2:	List Your	Unexpired f	Personal Prope	rty Leases	
fill in the	information be	elow. Do not l	ist real estate lea	isted in Schedule G: Executory Contractises. Unexpired leases are leases that a erty lease if the trustee does not assume	ts and Unexpired Leases (Official Form 106G), are still in effect; the lease period has not yet be it. 11 U.S.C. § 365(p)(2).
Desc	ribe your unexp	oired personal	property leases		Will the lease be assumed?
L.esso	or's name:				□ No
Descr prope	ription of leased erty:				☐ Yes
Lesso	or's name:				□ No
Descr prope	iption of leased rty:				Yes
Lesso	r's name:				□ No
Descri proper	iption of leased rty:				☐ Yes
Lesso	r's name:				□ No
Descri proper	iption of leased rty:				☐ Yes
Lesso	r's name:				□ No
Descri proper	iption of leased ty:				☐ Yes
Lesso	r's name:				□ No
Descri proper	ption of leased ty:				☐ Yes
Lessor	r's name:				□ No
Descri _l proper	ption of leased ty:				☐ Yes
Part 3:	Sign Below	,			
Under p persona	enalty of perju al property that	ry, i declare ti is subject to	nat I have indicat an unexpired lea	ed my intention about any property of r se.	ny estate that secures a debt and any
<b>K</b>	P. Thon	oson		<b>x</b>	
	re of Debtor 1			Signature of Debtor 2	
Date 0	1/07/2016 4/ DD / YYYY	All-vilar for horses		Date	

Fill in this in	formation to identify	your case:				
Debtor 1	REGINALD THO	MPSON				
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States i	Bankruptcy Court for the:	Northern District of	Illinois			
Case number (If known)		······································	· · · · · · · ·			Check if this is an
(II KIOHII)					_	amended filing
Statem					for Bankruptcy	
information. number (If kn		ded, attach a separ question.	ate sheet to this for	m. On the top of any add	lly responsible for supplyii itional pages, write your na	
	our current marital s					
□ Marrie		iatos i				
Not m						
	ist all of the places yo	ou lived in the last 3 y	years. Do not include  Dates Debtor 1  lived there	where you live now.  Debtor 2:		Dates Debtor 2 lived there
				Same as Debtor 1		Same as Debtor 1
			From		·····	From
Nur	nber Street		То	Number Street		To
<del></del>			<del></del>	***************************************		
City	······································	State ZIP Code		City	State ZIP Code	
				Same as Debtor 1		☐ Same as Debtor 1
				The Carlot as Doblor 1		
Nur	nber Street		. From	Number Street		From
<del></del> -			то			То
		210.0	<del>-</del>	(2)	710 0-4	
City	•	State ZIP Code		City	State ZIP Code	
states and	e last 8 years, did yo d ferritories include Ar Make sure you fill out	izona, California, Ida	ho, Louisiana, Nevad	ia, New Mexico, Puerto Ri	operty state or territory? (Cco, Texas, Washington, and	community property Wisconsin.)

Part 2:

**Explain the Sources of Your Income** 

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From January 1 of current year until the date you filed for bankruptcy:    Wages, commissions, bonuses, tips   Operating a business   Ope	Debtor		Name	Case no	umber (if known)	
Sources of income Check all that apply.    Check all that apply.	F H	ill in the total amount of income you received you are filing a joint case and you have inco	d from all jobs and all busi	nesses, including part-ti	ime activities.	endar years?
Check all that apply.			Debtor 1	, the gold the said the	Debtor 2	the state of the
For last calendar year:  (January 1 to December 31,			·	(before deductions and		(before deductions and
For last calendar year:  (January 1 to December 31,				\$		\$
Clanuary 1 to December 31,   Coperating a business		me and you mou to businessey.	Operating a business		Operating a business	
For the calendar year before that:    Wages, commissions, bonuses, tips   Calendar year or the two previous calendar years?   Include income regardless of whether that income is taxable. Examples of other income are allimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.  List each source and the gross income from each source separately. Do not include income that you listed in line 4.    Wages, commissions, bonuses, tips   Calendar years?		For last calendar year:	- · · · · · · · · · · · · · · · · · · ·	\$		\$
Sources of income Describe below.    Debtor 1   Sources of income Describe below.   Debtor 2   Debtor 2			Operating a business	-	Operating a business	
(January 1 to December 31,		For the calendar year before that:				
5. Did you receive any other income during this year or the two previous calendar years?  Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest, dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.  List each source and the gross income from each source separately. Do not include income that you listed in line 4.  No  Yes. Fill in the details.  Debtor 1  Sources of income Describe below.  Debtor 2  Sources of income each source (before deductions and exclusions)  From January 1 of current year until the date you filed for bankruptcy:  \$ \$ \$ \$ For last calendar year:  (January 1 to December 31,		(January 1 to December 31,		\$		\$
Debtor 1  Sources of income Describe below.  Gross income from each source (before deductions and exclusions)  From January 1 of current year until the date you filed for bankruptcy:  Sources of income each source (before deductions and exclusions)  Substitute of current year until the date you filed for bankruptcy:  Substitute of current year until the date you filed for bankruptcy:  Substitute of income Describe below.  Substitute of current year until the date you filed for bankruptcy:  Substitute of income Describe below.  Substitute of income Describe of income Describe below.  Substitute o	Li	st each source and the gross income from e				e under Debtor 1.
Pescribe below.  Describe below.  Seach source (before deductions and exclusions)  S  S  S  For last calendar year until  S  S  S  For last calendar year:  S  S  S  For the calendar year before that:  S  S  S  S  S  S  S  S  S  S  S  S  S		TOOL VIK IIV BIG GOMING.	Debtor 1		Debtor 2	
the date you filed for bankruptcy:  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				each source (before deductions and		each source (before deductions and
the date you filed for bankruptcy:  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				\$		\$
(January 1 to December 31,		the date you filed for bankruptcy:		\$		\$
(January 1 to December 31,				\$		\$
(January 1 to December 31,		For last calendar year:		<b>5</b>		\$
For the calendar year before that:		(January 1 to December 31,		<u> </u>	benedictive to the second seco	\$
		1111		<b></b>	***************************************	\$
(January 1 to December 31,)				<b>5</b>		\$
		(January 1 to December 31,)				\$

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Case number (if known)_

REGINALD THOMPSON
First Name Middle Name

Last Name

Debtor 1

Part 3:	List Certain Payments You Made Be	fore You File	d for Bankruptcy					
Are eith	er Debtor 1's or Debtor 2's debts primarily	r concumor dot	nto 2					
				ara defined in 11 LLC C F 10	1/9) 00			
	Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."							
	During the 90 days before you filed for bank	ruptcy, did you p	pay any creditor a total o	f \$6,225* or more?				
	☐ No. Go to line 7.							
	Yes. List below each creditor to whom you total amount you paid that creditor. child support and alimony. Also, do	Do not include ;	payments for domestic s	upport obligations, such as				
	* Subject to adjustment on 4/01/16 and ever		· ·					
∏ vec	Debtor 1 or Debtor 2 or both have primari			·				
	During the 90 days before you filed for bank			f \$600 or more?				
			, sirj ordanor a rotal d	, <del>you or more :</del>				
	No. Go to line 7.							
	Yes. List below each creditor to whom you creditor. Do not include payments frailmony. Also, do not include payments.	or domestic sup	port obligations, such as	child support and				
		Dates of payment	Total amount paid	Amount you still owe	Was this payment for			
			\$	\$	☐ Mortgage			
	Creditor's Name				Car			
	Number Street	<del></del>			Credit card			
					Loan repayment			
					Suppliers or vendors			
	City State ZIP Code				Other			
	J. 3000							
			\$	\$	☐ Mortgage			
	Creditor's Name	-			Car			
	N				Credit card			
	Number Street				Loan repayment			
					Suppliers or vendors			
		_			Other			
	City State ZIP Code							
	Creditor's Name		\$	\$	☐ Mortgage			
					Car			
	Number Street	•			Credit card			
					Loan repayment			
					Suppliers or vendors			
	City State 70 Code	-			Other			

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Debtor 1	REGINALD THOMPSO				Case number (if known	)
	First Name Middle Name	Last Name				
Insic corp ager such	nin 1 year before you filed for ba ders include your relatives; any ge norations of which you are an office of, including one for a business you has child support and alimony.	neral partners; er, director, pers	relatives of any son in control, o	general partners; or owner of 20% or	partnerships of which more of their voting	ch you are a general partner; securities; and any managing
<b>Z</b>						
<b></b>	Yes. List all payments to an inside	r.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	insider's Name			\$	. \$	
	Number Street		-			
			*			
	City State	ZIP Code	-			
		WIL-114		\$	<b>\$</b>	
	Insider's Name					
	Number Street		***************************************			
	City State	ZiP Code				
an in Includ	sider? de payments on debts guaranteed	l or cosigned by		ayments or trans Total amount paid		n account of a debt that benefite  Reason for this payment  Include creditor's name
	Insider's Name			\$	\$	
	Halue 5 Natio					
	Number Street					
;	City State	ZIP Code				
				\$	\$	
ī	Insider's Name	<del>~</del>	***************************************	¥	Ψ	
ī	Number Street	, 197017000000000000000000000000000000000	<del></del>			
-			***			
i	City State	7IP Code				

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ebtor 1	REGINALD THOMPSON		Case numbe	ſ (# known)	
	First Name Middle Name Last Nar	ne			
Part 4	Identify Legal Actions, Reposse	reiene and Easealaan			
	nin 1 year before you filed for bankruptcy			r administrativa neces	anding?
List	all such matters, including personal injury c				
_	contract disputes.				
<b>2</b>	√os. Fill in the details.				
<b>—</b>		Nature of the case	G		<b></b>
		Mature of the case	Court or agency		Status of the case
	Case title		Court Name		Pending
	•		Courtiano		On appeal
			Number Street	· · · · · · · · · · · · · · · · · · ·	Concluded
	Case number				
			City	State ZIP Code	- <del></del>
					r
	Case title		Court Name		Feliality
	No. of the Control of				On appeal Concluded
	Ones acceptan		Number Street		Conduded
	Case number		City	State ZIP Code	<del></del>
	es. Fill in the information below.	Describe the proper	rty	Date	Value of the property
		- 1			, , ,
	Creditor's Name	<del></del>		-	<u> </u>
	Number Street	Explain what happe	ned		
		☐ Property was	repossessed.		
		Property was			
	City State ZIP Code	Property was	garnished. attached, seized, or levie	art.	
	ony blate 2n code	Describe the proper			Malus of the manual
		Describe lise proper	ıy	Date	Value of the property
					\$
	Creditor's Name	<del></del>			* With the second secon
	Number Street	***************************************			
	Number Street	Explain what happe	ned		
	10-10-10-10-10-10-10-10-10-10-10-10-10-1	Property was i	repossessed.		
		Property was t			
	City State ZIP Code	Property was q			
		Property was a	attached, seized, or levie	d.	

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Describe the action the creditor took  Date action was taken  Describe the action the creditor took  Date action was taken  Date action was taken  Amount was taken  Number Street  Last 4 digits of account number: XXXX.—	First Name	Middle Name Last	Name	mber (if known)
Creditor's Name   Number   Street   S				
Describe the action the creditor took  Date action was taken  Describe the action the creditor took  Date action was taken  Date action was taken  Amount was taken  Number Street  Last 4 digits of account number: XXXX.—	thin 90 days l	before you filed for bankru	ptcy, did any creditor, încluding a bank or finar	icial institution, set off any amounts from
Person's relationship to you  Gifts with a total value of more than \$500 per person    Describe the action the creditor took   Date action was taken	counts or refu			,
Describe the action the creditor took  Date action was taken  Amount  Creditor's Name  Number Street  Date 2DP Code  Last 4 digits of account number: XXXX—				
Creditor's Name    Number   Street   S	Yes. Fill in the	e details.		
Creditor's Name    Number   Street   S			Describe the action the creditor took	Date action Amount
State ZIP Code   Last 4 digits of account number: XXXX	Craditar's Name		-	
City State ZiP Code Last 4 digits of account number: XXXX.—	Orecanor S Name			
City State ZIP Code Last 4 digits of account number: XXXX—	Number Street		-	<u> </u>
thin 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of ditors, a court-appointed receiver, a custodian, or another official?  No Yes  List Certain Gifts and Contributions  thin 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$800 Describe the gifts  Dates you gave the gifts  Person to Whom You Gave the Gift  Sills with a total value of more than \$800 Describe the gifts  Dates you gave the gifts  Gifts with a total value of more than \$800 Describe the gifts  Sills with a total value of more than \$800 Describe the gifts  Dates you gave the gifts  Value the gifts  Sills with a total value of more than \$800 Describe the gifts  Sills with a total value of more than \$800 Describe the gifts  Sills with a total value of more than \$800 Describe the gifts  Sills with a total value of more than \$800 Describe the gifts  Sills with a total value of more than \$800 Describe the gifts  Sills with a total value of more than \$800 Describe the gifts  Sills with a total value of more than \$800 Describe the gifts  Sills with a total value of more than \$800 Describe the gifts  Sills with a total value of more than \$800 Describe the gifts				
thin 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of dittors, a court-appointed receiver, a custodian, or another official?  No Yes  List Certain Gifts and Contributions  thin 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 Describe the gifts  Dates you gave the gifts  Person to Whom You Gave the Gift  Situation of more than \$600 Describe the gifts  Dates you gave the gifts  Gifts with a total value of more than \$600 Describe the gifts  Dates you gave the gifts  Value the gifts of the total value of more than \$600 Describe the gifts  Situation of more than \$600 Describe the gifts  Dates you gave the gifts  Situation of more than \$600 Describe the gifts  Situation of the gifts  Number Street  Situation of the benefit of			_	
thin 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of ditors, a court-appointed receiver, a custodian, or another official?  No Yes  List Certain Gifts and Contributions  thin 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$800 Describe the gifts  Dates you gave the gifts  Person to Whom You Gave the Gift  Sills with a total value of more than \$800 Describe the gifts  Dates you gave the gifts  Gifts with a total value of more than \$800 Describe the gifts  Sills with a total value of more than \$800 Describe the gifts  Dates you gave the gifts  Value the gifts  Sills with a total value of more than \$800 Describe the gifts  Sills with a total value of more than \$800 Describe the gifts  Sills with a total value of more than \$800 Describe the gifts  Sills with a total value of more than \$800 Describe the gifts  Sills with a total value of more than \$800 Describe the gifts  Sills with a total value of more than \$800 Describe the gifts  Sills with a total value of more than \$800 Describe the gifts  Sills with a total value of more than \$800 Describe the gifts  Sills with a total value of more than \$800 Describe the gifts	City	State ZIP Code	last 4 digits of account number, YYYY	
Allower Street  City State ZIP Code  Person's relationship to you  Glifts with a total value of more than \$600  Describe the gifts  Describe the gifts  Describe the gifts  S	9	Callo Eli Code	Last + digits of account fulfiber. AAAA	**************************************
No Yes  List Certain Gifts and Contributions  List Certain Gifts and C	thin 1 vear be	fore you filed for hankrunt	CV. Was any of your property in the possession	of an assigned for the henofit of
List Certain Gifts and Contributions  hin 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 Describe the gifts  Dates you gave the gift.  \$				or an assignee for the benefit of
List Certain Gifts and Contributions  hin 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 Describe the gifts  Dates you gave the gifts  Person to Whom You Gave the Gift  Since ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 Describe the gifts  Dates you gave the gifts  Since ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 Describe the gifts  Dates you gave the gifts  Since ZIP Code  Person to Whom You Gave the Gift  Since ZIP Code  Person to Whom You Gave the Gift  Since ZIP Code  Person to Whom You Gave the Gift  Since ZIP Code  Since Z		•		
hin 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Describe the gifts  Dates you gave the gifts  Person to Whom You Gave the Gift  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person  Describe the gifts  Dates you gave the gifts  Value the gifts  The person's relationship to you  Siteset  Dates you gave the gifts  Siteset  Siteset  Person to Whom You Gave the Gift  Siteset				
hin 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Describe the gifts  Dates you gave the gifts  Person to Whom You Gave the Gift  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person  Describe the gifts  Dates you gave the gifts  Value the gifts  The person's relationship to you  Siteset  Dates you gave the gifts  Siteset  Siteset  Person to Whom You Gave the Gift  Siteset				
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 Describe the gifts Dates you gave the gifts  Person to Whom You Gave the Gift  State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 Describe the gifts  Dates you gave the Gift  Sumber Street  Describe the gifts  Dates you gave the Gift  Sumber Street  Number Street  Sumber Street	List Cer	rtain Gifts and Contribu	tions	
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 Describe the gifts Dates you gave the gifts  Person to Whom You Gave the Gift  Sumber Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 Describe the gifts  Dates you gave the Gift  Sumber Street  Dates you gave the Gift  Sumber Street  Value the gifts  Sumber Street  Sumber Street				
Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Describe the gifts  Dates you gave the gifts  S		efore you filed for bankrup	tcy, did you give any gifts with a total value of r	nore than \$600 per person?
Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person  Describe the gifts  Dates you gave the gifts  Street  Sumber Street  Dates you gave the gifts  Value the gifts  Dates you gave the gifts  Summer Street  Summer Street  Summer Street  Summer Street				
Person to Whom You Gave the Gift  S	Yes. Fill in the	e details for each gift.		
Person to Whom You Gave the Gift  S	Ciffe milita e de	ntal valva of mess these been	Decembe the office	<b>-</b>
Person to Whom You Gave the Gift  S		olai value oi more man \$600	vescribe the gifts	
Street   S				
Street   S				\$
Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 Describe the gifts Dates you gave the gifts  Person to Whom You Gave the Gift  Number Street	Person to Whom Y	ou Gave the Gift		Ψ
Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 Describe the gifts Dates you gave the gifts  Person to Whom You Gave the Gift  Number Street				\$
City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 Describe the gifts  Dates you gave the gifts  Person to Whom You Gave the Gift  S				
Person's relationship to you  Gifts with a total value of more than \$600 Describe the gifts  Person to Whom You Gave the Gift  Sumber Street	Number Street			
Person's relationship to you  Gifts with a total value of more than \$600 Describe the gifts  Person to Whom You Gave the Gift  S				
Gifts with a total value of more than \$600 Describe the gifts  Person to Whom You Gave the Gift  Sumber Street  Dates you gave the gifts  Save the gifts  Save the gifts  Save the Gift	City	State ZIP Code		
Gifts with a total value of more than \$600 Describe the gifts  Person to Whom You Gave the Gift  Street  Dates you gave the gifts  S	Person's relation	nship to you		
Person to Whom You Gave the Gift\$		* *		
Person to Whom You Gave the Gift\$	Gifts with a tota	al value of more than \$600	Describe the gifts	Dates you gave Value
Street Street	per person		<del></del>	the gifts
Street Street				
Number Street	Person to Whom Y	ou Gave the Gift		<u> </u>
Number Street	·			
				*
				<u> </u>
City State ZIP Code				<u></u>
City State ZIP Code	Number Street			<u></u> \$
	Number Street			<u> </u>
Person's relationship to you	āty			•*************************************

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		Case number (if known)_		
	First Name Middle Name La	ast Name		
Nith	in 2 years before you filed for bankri	uptcy, did you give any gifts or contributions with a total valu	ue of more than \$6	600 to any charity
ZÍ 1				
<b>Q</b> 1	res. Fill in the details for each gift or co	ntribution.		
	Gifts or contributions to charities	Describe what you contributed	Date you	Value
	that total more than \$600		contributed	
ĉ	Charity's Name	_		\$
-		_		\$
Ñ	lumber Street	<del>-</del>		
C	ity State ZIP Code	wa.		
t 6:	List Certain Losses			
	List Certain Losses			
		<b>.</b>		Makes of war-
	Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance	Date of your loss	Value of property lost
		Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		
		Include the amount that insurance has paid. List pending insurance		lost
		Include the amount that insurance has paid. List pending insurance		
		Include the amount that insurance has paid. List pending insurance		lost
	how the loss occurred	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		lost
: 7:	how the loss occurred  List Certain Payments or Trai	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  **The Company of the Company	loss	lost \$
t 77.	List Certain Payments or Train	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Insters  Insters	loss	lost \$
17: Vithi	List Certain Payments or Transin 1 year before you filed for bankruptcy consulted about seeking bankruptcy	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Insters  Insters	loss	lost \$
vithi	List Certain Payments or Transin 1 year before you filed for bankruptcy consulted about seeking bankruptcy de any attorneys, bankruptcy petition pr	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Insters  Instruction of the second of the s	loss	lost \$
t 7: Vithi ou c nclud	List Certain Payments or Transin 1 year before you filed for bankruptcy consulted about seeking bankruptcy de any attorneys, bankruptcy petition pr	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Insters  Instruction of the second of the s	loss	lost \$
t 7: Vithi You o nclud	List Certain Payments or Transin 1 year before you filed for bankruptcy de any attorneys, bankruptcy petition pro	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Insters  Instruction of the second of the s	loss	sto anyone
t 7: Vithicou conclución	List Certain Payments or Train 1 year before you filed for bankruptcy de any attorneys, bankruptcy petition process. Fill in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Insters  Introduction of Schedule A/B: Property.	Ioss  Isfer any property  Our bankruptcy.  Date payment or transfer was	sto anyone
t 7: Vithirou concluc	List Certain Payments or Transin 1 year before you filed for bankruptcy de any attorneys, bankruptcy petition pro	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Insters  Introduction of Schedule A/B: Property.	usfer any property our bankruptcy.	sto anyone
t 7: Vithi	List Certain Payments or Train 1 year before you filed for bankruptcy de any attorneys, bankruptcy petition process. Fill in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Insters  Introduction of Schedule A/B: Property.	Ioss  Isfer any property  Our bankruptcy.  Date payment or transfer was	sto anyone
Vithi ou concluded NO You	List Certain Payments or Transin 1 year before you filed for bankruptcy de any attorneys, bankruptcy petition process. Fill in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Insters  Introduction of Schedule A/B: Property.	Ioss  Isfer any property  Our bankruptcy.  Date payment or transfer was	sto anyone
Vithi ou concluded NO You	List Certain Payments or Transin 1 year before you filed for bankruptcy de any attorneys, bankruptcy petition process. Fill in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Insters  Introduction of Schedule A/B: Property.	Ioss  Isfer any property  Our bankruptcy.  Date payment or transfer was	sto anyone
Vithi ou conclud includ	List Certain Payments or Transin 1 year before you filed for bankruptcy de any attorneys, bankruptcy petition process. Fill in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Insters  Introduction of Schedule A/B: Property.	Ioss  Isfer any property  Our bankruptcy.  Date payment or transfer was	to anyone  Amount of payme
t 7: Vithi rou c netuc	List Certain Payments or Transin 1 year before you filed for bankruptcy de any attorneys, bankruptcy petition process. Fill in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Insters  Introduction of Schedule A/B: Property.	Ioss  Isfer any property  Our bankruptcy.  Date payment or transfer was	to anyone  Amount of payme
Vithi you conclude 21 N	List Certain Payments or Transin 1 year before you filed for bankruptcy de any attorneys, bankruptcy petition process. Fill in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Insters  Introduction of Schedule A/B: Property.	Ioss  Isfer any property  Our bankruptcy.  Date payment or transfer was	to anyone  Amount of payme

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Debtor 1	REGINALD THOMPSON First Name Middle Name Las	it Name	Case number (if known)		
	rast vame widde ivane Las	r Name			
		Description and value of any property	transferred	Date payment or transfer was made	Amount of payment
	Person Who Was Paid	-			e
	Number Street	-		·····	\$
	AT-T	-		TO THE TRANSPORT THE ST	\$
	City State ZIP Code	-			
	Email or website address	_			
	Person Who Made the Payment, if Not You				
Do i	mised to help you deal with your credinot include any payment or transfer that y  No  Yes. Fill in the details.	ou listed on line 16.	ranco is r		
		Description and value of any property	transferred	Date payment or transfer was	Amount of paymen
	Person Who Was Paid	-		made	
	Number Street	•		<del></del>	\$
				<del></del>	\$
tran Inclu Do r	City State ZiP Code  nin 2 years before you filed for bankrup sferred in the ordinary course of your ude both outright transfers and transfers in not include gifts and transfers that you hav No Yes. Fill in the details.	business or financial affairs? made as security (such as the granting of			
		Description and value of property transferred	Describe any property of debts paid in exchange		Date transfer was made
	Person Who Received Transfer				
	Number Street				
	City State ZIP Code				
	Person's relationship to you				
	Person Who Received Transfer				
	Number Street				
	City State ZIP Code				
	City State ZIP Code				

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otor 1				Case number (if kr	IOW/T1	
	First Name Middle Name	Last	Name			
			ptcy, did you transfer any proper	ty to a self-settled tru	st or similar device of v	vhich you
	beneficiary? (These are	often called a	sset-protection devices.)			
MZ No						
<b>∐</b> Ye	es. Fill in the details.					
			Description and value of the prope	erty transferred		Date transfer
						was made
Мэ	ame of trust					
140	and or those		<b>-</b>			
	······································		-			
-1 O.	List Cartain Einemak	-	- Imateurenanta <i>Balla</i> Danasiti	Barras and Otama	·	
			s, Instruments, Safe Deposit			
			cy, were any financial accounts o	or instruments held in	your name, or for your	benefit,
	d, sold, moved, or transf		or other financial accounts; cert	ificates of danceit: sh	ame in hanke amalit un	ione
			atives, associations, and other fit		ares III Darres, Creust Ur	iiolis,
M No	•					
☐ Ye	s. Fill in the details.					
			Last 4 digits of account number	Type of account or	Date account was	Last balance befo
				instrument	closed, sold, moved, or transferred	closing or transfer
N:	lame of Financial Institution	·····	VVVV	Checking		
			xxxx	Savings	**************************************	\$
N	lumber Street			☐ Money market		
				wal money market		
				C Beateman		
- Ci	ity State	ZiP Code		☐ Brokerage		
- -	ity State	ZIP Code		☐ Brokerage ☐ Other		
ā	ity State	ZIP Code	XXXX-	☐ Other		s
	ity State State	ZIP Code	xxxx	Other	annuari ne di seria	\$
N:	ame of Financial Institution	ZIP Code	xxxx	Other	alongo reported and a second and	\$
N:		ZIP Code	xxxx	☐ Other ☐ Checking ☐ Savings ☐ Money market		\$
N:	ame of Financial Institution	ZIP Code	xxxx	Other		\$

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ebtor 1	REGINALD THOMPSON First Name Middle Name Las	it Name	Case number (if known)	<u> </u>
2. Have	· · · · · · · · · · · · · · · · · · ·	or place other than your home wi	thin 1 year before you filed for bankruptc	y?
	es. Fill in the details.	Who else has or had access to it?	Describe the contents	Do you stii have it?
	Name of Storage Facility	Name	AND	☐ No ☐ Yes
	Number Street	Number Street		
		City State ZIP Code	***************************************	
	City State ZIP Code			
or ho	ou hold or control any property that sold in trust for someone.	or Control for Someone Else someone else owns? Include any	property you borrowed from, are storing	for,
		Where is the property?	Describe the property	Value
	Owner's Name			\$
	Number Street	Number Street		
	Number Street  City State ZIP Code	A-14-14-14-14-14-14-14-14-14-14-14-14-14-	P Code	
	City State ZIP Code	City State 21	P Code	
art 10	City State ZIP Code  Give Details About Environs purpose of Part 10, the following defi	City State Zi mental information nitions apply:		ses of
art 10 or the   Envii haza	Give Details About Environmental law means any federal, sta	City State Zimental Information  nitions apply: te, or local statute or regulation crown the air, land, soil, soil	oncerning pollution, contamination, relea urface water, groundwater, or other medi	
art 10 or the I Envii haza inclu Site r	Give Details About Environs purpose of Part 10, the following defi ronmental law means any federal, sta rdous or toxic substances, wastes, o ding statutes or regulations controlli	mental information  nitions apply: te, or local statute or regulation c r material into the air, land, soil, s ng the cleanup of these substance	oncerning pollution, contamination, relea urface water, groundwater, or other medi	um,
art 10 or the p Envir haza inclu Site r utilize Haza	Give Details About Environs purpose of Part 10, the following defi ronmental law means any federal, sta rdous or toxic substances, wastes, o ding statutes or regulations controlli means any location, facility, or prope e it or used to own, operate, or utilize	mental information  nitions apply: te, or local statute or regulation or material into the air, land, soil, soil, soil the cleanup of these substancerty as defined under any environmental it, including disposal sites.	oncerning pollution, contamination, relea urface water, groundwater, or other medi es, wastes, or material.	um, 2, or
or the period of	Give Details About Environs purpose of Part 10, the following defi ronmental law means any federal, sta rdous or toxic substances, wastes, o ding statutes or regulations controlli means any location, facility, or propel e it or used to own, operate, or utilize rdous material means anything an en	mental information  nitions apply: te, or local statute or regulation c r material into the air, land, soil, s ng the cleanup of these substance rty as defined under any environmental it, including disposal sites.  evironmental law defines as a haza contaminant, or similar term.	oncerning pollution, contamination, relea urface water, groundwater, or other medi es, wastes, or material. ental law, whether you now own, operate erdous waste, hazardous substance, toxid	um, 2, or
For the part of th	Give Details About Environmental law means any federal, stardous or toxic substances, wastes, or ding statutes or regulations controllimeans any location, facility, or proper it or used to own, operate, or utilized redous material means anything an entance, hazardous material, pollutant, all notices, releases, and proceedings	mental information  nitions apply: te, or local statute or regulation or reactive into the air, land, soil,	oncerning pollution, contamination, relea urface water, groundwater, or other medi es, wastes, or material. ental law, whether you now own, operate erdous waste, hazardous substance, toxid	um, e, or
ent 10  for the period of the	Give Details About Environs purpose of Part 10, the following defi ronmental law means any federal, sta rdous or toxic substances, wastes, o ding statutes or regulations controlli means any location, facility, or proper is it or used to own, operate, or utilized rdous material means anything an entance, hazardous material, pollutant, all notices, releases, and proceedings any governmental unit notified you the	mental information  nitions apply: te, or local statute or regulation or reactive into the air, land, soil,	oncerning pollution, contamination, relea urface water, groundwater, or other medi es, wastes, or material. eental law, whether you now own, operate erdous waste, hazardous substance, toxic of when they occurred.	um, e, or
ent 10  for the period of the	Give Details About Environmental law means any federal, stardous or toxic substances, wastes, or ding statutes or regulations controllimeans any location, facility, or propere it or used to own, operate, or utilizer dous material means anything an entance, hazardous material, pollutant, all notices, releases, and proceedings any governmental unit notified you the	mental information  nitions apply: te, or local statute or regulation or reactive into the air, land, soil,	oncerning pollution, contamination, relea urface water, groundwater, or other medi es, wastes, or material. eental law, whether you now own, operate erdous waste, hazardous substance, toxic of when they occurred.	um, e, or
ent 10  for the    Envir  haza inclu  Site r  utiliz  Haza subs  Report a  4. Has a	Give Details About Environmental law means any federal, stardous or toxic substances, wastes, or ding statutes or regulations controllimeans any location, facility, or propere it or used to own, operate, or utilizer dous material means anything an entance, hazardous material, pollutant, all notices, releases, and proceedings any governmental unit notified you the	mental information  nitions apply: te, or local statute or regulation or material into the air, land, soil, sing the cleanup of these substance it, including disposal sites.  Invironmental law defines as a haza contaminant, or similar term.  In that you know about, regardless at you may be liable or potentially	oncerning pollution, contamination, releaturface water, groundwater, or other medites, wastes, or material.  In the second of th	um, c mental law?
Part 10 For the   Environment   Note   Note	Give Details About Environmental law means any federal, stardous or toxic substances, wastes, or ding statutes or regulations controllimeans any location, facility, or proper it or used to own, operate, or utilized radous material means anything an entance, hazardous material, pollutant, all notices, releases, and proceedings any governmental unit notified you the oes. Fill in the details.	mental information  nitions apply: te, or local statute or regulation or reactive into the air, land, soil, sing the cleanup of these substancerty as defined under any environmental law defines as a haza contaminant, or similar term.  It that you know about, regardless at you may be liable or potentially Governmental unit	oncerning pollution, contamination, releaturface water, groundwater, or other medites, wastes, or material.  In the second of th	um, c mental law?

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1 REGINALD THO		**************************************	Case number (# known)	
First Name Middle Na	ime Lasi	t Name		
ave you notified any gover	mmental unit o	of any release of hazardous mat	erial?	
Í No		•		
Yes. Fill in the details.				
		Governmental unit	Environmental law, if you know it	Date of noti
			Environmental terr, it you know it	Date of floor
Name of site		Governmental unit	****	
Number Street		Number Street		
		City State ZIP Code	<del></del>	
City Stat	4- 70.0-d-			
City Stat	te ZIP Code			
No Yes. Fill in the details.		Court or agency	Nature of the case	Status of t
Case title				Pendin
		Court Name		On app
		Number Street		Conclu
Case number		City State ZIP	Code	
		Only State 217	Code	
Give Details Abo	out Your Bus	liness or Connections to A	ny Business	
thin 4 years before you fil	ed for bankrug	otcy, did you own a business or	have any of the following connections to	any business?
			activity, either full-time or part-time	• • • • • • • • • • • • • • • • • • • •
A member of a limited	d liability comp	pany (LLC) or limited liability pa	rtnership (LLP)	
A partner in a partner	rship			
An officer, director, o	r managing ex	ecutive of a corporation		
An owner of at least 5	5% of the votin	g or equity securities of a corp	oration	
No. None of the above ap	oplies. Go to P	art 12.		
	-	in the details below for each be	usiness.	
		Describe the nature of the busin	ess Employer Identification	number
Business Name			Do not include Social S	ecurity number or ITIN
			CIAL.	
Number Street			EIN:	
•		Name of accountant or bookkee	per Dates business existed	
***************************************			From To	
City State	e ZIP Code		Martin Company of the	
		Describe the nature of the busin	ess Employer Identification	number
Business Name			Do not include Social S	ecurity number or ITIN
			EIN:	
Number Street				***************************************
		Name of accountant or bookkee	per Dates business existed	
			From To	
City State	ziP Code		1.011	

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		Name	e number (# known)
		Describe the nature of the business	Employer Identification number
Business Name			Do not include Social Security number or ITI
			EIN:
Number Street		Name of accountant or bookkeeper	Dates business existed
			From To
City	State ZIP Code		
	ors, or other parties.	otcy, did you give a financial statement to ar	nyone about your business? Include all financial
res. riir iii tiie Q	etans delow.	Date issued	
Name		MM / DD / YYYY	
Number Street			
Сіту	State ZIP Code		
Extent	<b>w</b>		
2: Sign Belov		t of Financial Affairs and any attachments.	and I declare under penalty of perjury that the
nave read the ans iswers are true a connection with	nd correct. I understan	d that making a false statement, concealing result in fines up to \$250,000, or imprisonn	property, or obtaining money or property by fra nent for up to 20 years, or both.
ave read the ans swers are true a connection with	ind correct. I understan a bankruptcy case can	d that making a false statement, concealing	property, or obtaining money or property by fra nent for up to 20 years, or both.
nave read the ans iswers are true a connection with	ind correct. I understan a bankruptcy case can 341, 1519, and 3571.	d that making a false statement, concealing result in fines up to \$250,000, or imprisonn	property, or obtaining money or property by frament for up to 20 years, or both.
nave read the ans asswers are true as connection with 3 U.S.C. §§ 152, 1:  Signature of Debte Date 01/07/201	and correct. I understan a bankruptcy case can 341, 1519, and 3571.	d that making a false statement, concealing result in fines up to \$250,000, or imprisonn  Signature of Debtor 2  Date	nent for up to 20 years, or both.
nave read the ans asswers are true at connection with B U.S.C. §§ 152, 1:  Signature of Debte Date 01/07/201	and correct. I understan a bankruptcy case can 341, 1519, and 3571.	d that making a false statement, concealing result in fines up to \$250,000, or imprisonn  Signature of Debtor 2	nent for up to 20 years, or both.
nave read the ans asswers are true and connection with B U.S.C. §§ 152, 1:  Signature of Debte Date 01/07/201: id you attach additional connection with the answers are true and connection with the answers are true at the connection with the conne	and correct. I understan a bankruptcy case can 341, 1519, and 3571.	d that making a false statement, concealing result in fines up to \$250,000, or imprisonn  Signature of Debtor 2  Date	
ave read the ans swers are true at connection with U.S.C. §§ 152, 13  Signature of Debte Date 01/07/2014 d you attach additional No Yes	and correct. I understan a bankruptcy case can 341, 1519, and 3571.	d that making a false statement, concealing result in fines up to \$250,000, or imprisonn  Signature of Debtor 2  Date	nent for up to 20 years, or both.  Filing for Bankruptcy (Official Form 197)?